

L 200000167140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

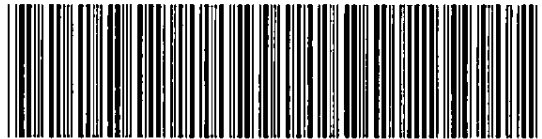
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Organic Food Kings 2 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L20000167140

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler A. Mamone

Name of Person

MAMONE VILLALON PLLC

Name of Firm/Company

100 SE 2nd St. Suite 2000

Address

Miami, FL 33131

City/State and Zip Code

tyler@mvlawpllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler A. Mamone

786

751-0054

Name of Person

at (Area Code)

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**MAMONE VILLALON PLLC**

as \_\_\_\_\_, hereby resigns  
Name of Registered Agent

Registered Agent for: **Organic Food Kings 2 LLC**

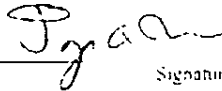
Name of Limited Liability Company

**L20000167140**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Tyler A. Mamone**

Typed or Printed Name

**Partner**

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 NOV 21 AM 8:59

FILED