

L21000090242

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Resignation

MAY 02 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INV. KRISPY DONUTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000090242

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:

PAOLA CABRERA
Name of Person

INV KRIPY DONUTS LLC
Name of Firm/Company

4114 CARRIAGE DR N1
Address

POMPANO BEACH, FL 33069
City/State and Zip Code

PAOLACABRERAVAL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAOLA CABRERA at (786) 508-5952
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

INC AUTHORITY RA

Name of Registered Agent

, hereby resigns as

Registered Agent for INV. KRISPY DONUTS, LLC

Name of Limited Liability Company

L21000090242

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.

Paola Cabrera V.

Signature of Resigning Agent

If signing on behalf of an entity:

PAOLA CABRERA

Typed or Printed Name

MGR

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FL

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withdrawn limited liability company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