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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERALBA DISTRIBUTION, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L 21000518022

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:

Edmond Selfollari
Name of Person

ERALBA DISTRIBUTION, LLC
Name of Firm/Company

1465 Mariposa Cir 103
Address

Naples FL 34105
City/State and Zip Code

The daymaker @ Gmail, COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edmond Selfollari at (773) 882-7799
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Registered Agent Solutions, Inc, hereby resigns as
Name of Registered Agent

Registered Agent for ERALBA DISTRIBUTION LLC

Name of Limited Liability Company

L21000518022
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:

EDMOND SELFOLLARI
Typed or Printed Name

Authorized Member
Capacity

FILED
24 JUN 27 AM 4:21
TALLAHASSEE, FLORIDA

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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