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COVER LETTER

Division of Corporations
SUBJECT: BARCO DE VENDE LLC Name of Limited Liability Company
DOCUMENT NUMBER: L 22000342427
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:
JOSH GIDCLIMB Name of Person
Name of Firm/Company
1909 CEDAR LAKE DIVE Address
ORLANDO, FL 32824 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Josh GiDcumB at (407) 606-6141 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

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section

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 provision	ns of section 605.0115. Florida Statutes, th	e undersigned,		
JOSH GIL	DCUMB	, hereby resigns as	2022 NOV -1 SECRETAN	
	Name of Registered Agent		計畫 8	-7
Registered Agent for	BARCO DE VERDE	uc	mai w ma	17
	Name of Limited Liability Company		1	
L22000	342427		-	
	imber, if known			
A copy of this resignation	on was mailed to the above listed limited li	ability company at its last kno	own address.	
The agency is terminated	d and the office discontinued on the 31st d		s statement is filed.	•
If signing on behalf of a	n entity:			
	Josh GIDCUMB Typed or Printed Name MEMBER (AMBR	<u> </u>		
	Capacity			

¢

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\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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