

L22000 380507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

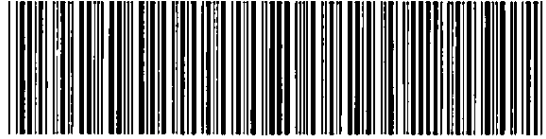
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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100429923201

COVER LETTER

TO: Registration Section
Division of Corporations

Two Friends Produce LLC

SUBJECT: _____
Name of Limited Liability Company

L22000380507

DOCUMENT NUMBER: _____

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:

Juan Pino

Name of Person

Two Friends Produce, LLC

Name of Firm/Company

593 SW 5TH STREET

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

juanpino@qualityfarmsllc.net

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

For further information concerning this matter, please call:

Juan Pino

305

218-4456

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

_____, hereby resigns as

Name of Registered Agent

Two Friends Produce, LLC

Registered Agent for _____

Name of Limited Liability Company

L22000380507

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:

Juan Pino

Typed or Printed Name

Manager

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2024 JUL 19 PM 4:39

FILED

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