

L22000523918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

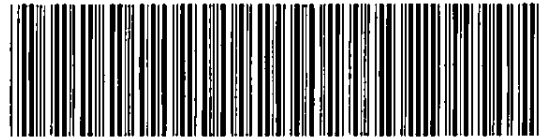
(Business Entity Name)

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TALLAHASSEE, FL

RA Resignation

MAR 21 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sevillaana, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 222 000 52 3918

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:

Mary T. Otero
Name of Person

Otero CPA LLC
Name of Firm/Company

1607 Ponce de Leon Blvd #109
Address

Coral Gables FL 33134
City/State and Zip Code

info@oteroCPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary T. Otero at (305) 283 6215
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2024

CC COPY

MARY T OTERO
OTERO CPA, LLC
1607 PONCE DE LEON BLVD., #109
CORAL GABLES, FL 33134

SUBJECT: SEVILLANA, LLC
Ref. Number: L22000523918

We have received your document for SEVILLANA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$85.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 524A00003250

RECEIVED

MAR - 6 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Otero CPA LLC hereby resigns as
Name of Registered Agent

Registered Agent for Sevillana LLC
Name of Limited Liability Company

L 22 00052 3918.
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:

Mary T. Otero
Typed or Printed Name
CEO
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