

L23000034064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

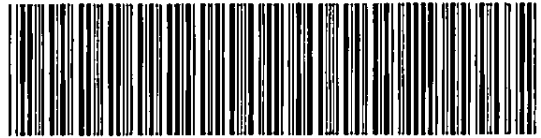
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400405521644

03/31/23--01021--017 \*\*270.00

FILED

2023 MAR 31 PM 12:30

CLERK OF COURT  
TALLAHASSEE, FL

*[Handwritten signature]*  
ff 1585

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Abraham L., hereby resigns as  
Name of Registered Agent


Registered Agent for Culliope's Cafe LLC

\_\_\_\_\_  
Name of Limited Liability Company

L230000 34064  
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:

Typed or Printed Name \_\_\_\_\_

Capacity

FILED  
2023 MAR 31 PM 12:30  
ST. JAMES ST  
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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**