

L23000177487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

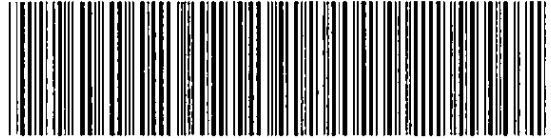
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
SEP 19 2024

Office Use Only



800434835128

FILED

2024 SEP 18 AM 9:59

FILED

2024 SEP 18 PM 3:11

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 09/17/2024

**PRIORITY** Routine

**OUR REF # (Order ID#)** Westley

**ORDER ENTITY**

**PERACINI'S LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

PERACINI'S LLC

Please file the attached resignation.

**NOTES:**

\$85 . 00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PERACINI'S LLC

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

DOCUMENT NUMBER: L23000177487

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:

Westley Look

\_\_\_\_\_  
Name of Person

Incorporating Services, Ltd.

\_\_\_\_\_  
Name of Firm/Company

3500 S DuPont Highway

\_\_\_\_\_  
Address

Dover, DE 19901

\_\_\_\_\_  
City/State and Zip Code

wlook@incserv.com

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

For further information concerning this matter, please call:

Westley Look

\_\_\_\_\_  
Name of Person

at ( 302 ) 531-0703

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

Incorporating Services, Ltd.

Name of Registered Agent

Registered Agent for PERACINI'S LLC

Name of Limited Liability Company

L23000177487

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.

Westley Look  
Signature of Resigning Agent

If signing on behalf of an entity:

Westley Look

Typed or Printed Name

Assistant Secretary

Capacity

### 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