

M180000008642

(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



000371333030

08/09/21--01021--003 **25.00

08/19/2021

JH

SECRETARY OF STATE
TALLAHASSEE, FL 32399

2021 AUG -9 PM 6:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRISTO FLORIDA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M18000008642

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:

BRANDON SJELIN

Name of Person

FIRST CORPORATE SOLUTIONS, INC.

Name of Firm/Company

12631 Imperial Highway F-106

Address

Santa Fe Springs, CA 90670

City/State and Zip Code

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

For further information concerning this matter, please call:

BRANDON SJELIN

844

392-7588

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FIRST CORPORATE SOLUTIONS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for CRISTO FLORIDA, LLC

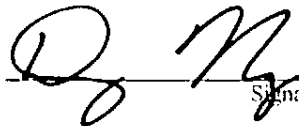
Name of Limited Liability Company

M18000008642

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:

Dang Nguyen

Typed or Printed Name

Assistant Secretary

Capacity

FILED
2021 AUG -9 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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