P0200012094H

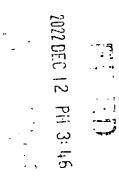
(Requestor's Name)		
(Address)		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	RESIGNATION OF REGISTERED AGENT FO	OR A CORPORATION Corporation)
	·	Corporation)
DOCU	JMENT NUMBER: P02000120944	
The e	nclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this ma	itter to the following:
TONY	VILLALBA	
	(Name of Person)	
	(Name of Firm/Company)	
5004 N	SARMENIA AVE	
	(Address)	
TAMP	A. FL 33603	
-	(City/State and Zip Code)	
For fu	rther information concerning this matter, plea	se call:
TONY	VILLALBA 81:	580-0808
	(Name of Person) (A	rea Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, EVA L VILLALBA
(Name of Registered Agent)
hereby resigns as Registered Agent forRESTAURANTE LA CASCADA, INC.
(Name of Corporation)
P02000120944
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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.
$\frac{L VA}{VA} = \frac{10PEE}{\text{(Signature of Resigning Agent)}} - \frac{10PEE}{\text{(Signature of Resigning Agent)}}$
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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