

P13000093981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

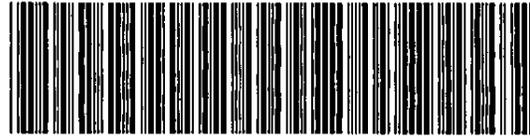
(Business Entity Name)

(Document Number)

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R/AS

JUN 16 2014

R. WHITE

FILED
14 JUN 13 AM 9:40
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

JORGE LUNA
54 TANGARINE AVE
LABELLE, FL 33935

SUBJECT: LUNAS GHETTO CUTZ INC
Ref. Number: P13000093981

We have received your document for LUNAS GHETTO CUTZ INC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$2.50 is due.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 114A00008479

RECEIVED

14 JUN 11 PM 12:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUNAS GHETTO CUTZ INC
Name of Limited Liability Company

DOCUMENT NUMBER: P13000093981

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:

JORGE LUNA
Name of Person

LUNAS GHETTO CUTZ INC
Name of Firm/Company

54 TANGARINE AVE
Address

LABELLE, FLORIDA 33935
City/State and Zip Code

JORGELUNA621@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE LUNA at (863) 234-7725
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
14 JUN 13 AM 9:36
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, monica Luna
(Name of Registered Agent)

hereby resigns as Registered Agent for Lunas ghetto cutz inc
(Name of Corporation)

P13000093981
(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.

[Signature]
(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