# P15000086351

(Re	equestor's Name)	
(Δd	ldress)	
(Αα	laless)	
(Address)		
	NON-A-CZ-IDI	- m
(CII	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	alaana Erika kina	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Cadificat Causian	O	
Certified Copies	_ Centricates	s of Status
Special Instructions to	Filing Officer	
Special instructions to	Filling Officer	
		RA Resign
		MA KASTAN

Office Use Only



800417430578

S. CHATHAM

10/18/28--01024--015 \*\*87.50

8:20

#### **COVER LETTER**

		a Code & Daytime Telephone Numb	er)
RODRIGO S	N. 954 at (	454-9656	
For further	information concerning this matter, please	call:	62.3
	(City/State and Zip Code)		<u> </u>
HALLANDA	ALE, FL 33009		<del></del>
	(Address)		
470 ANSIN	BLVD STE K		~~
	(Name of Firm/Company)		
DARMEN U	JSA CORP		
	(Name of Person)		
RODRIGO 1	1		
Please retu	rn all correspondence concerning this matt	er to the following:	
The enclos	ed Resignation of Registered Agent for a C	Corporation and fee are submitted	for filing.
DOCUME	NT NUMBER: P15000086351		<u> </u>
	(Name of Co	orporation)	<del></del>
SUBJECT	LA CARMELA, INC		
	rendment Section vision of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ions 607.0503(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned,	RODRIGO NAHABETIAN	
Troping of the time transfer of	(Name of Registered Agent)	
hereby resigns as Registered Ager	nt for	
neredy resigna as regimered riger	(Name of Corporation)	
P15000086351		
(Document Number, if known)		
A copy of this resignation was ma	niled to the above listed corporation at its last kno	wn address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date	on which
	(Signature of Realgning Agent)	
If signing on behalf of an entity:		
-	(Typed or Printed Name)	
		* :
		8:
<del></del>	(Capacity)	A 8: 29

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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