# L21000285572

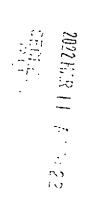
(Requestor's Name)
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### **COVER LETTER**

SUBJECT: Name of Limited Liability	Company
DOCUMENT NUMBER: L21000285572	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
av (800	773-0888
Name of Person Area Code	773-0888 Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolved liability company.	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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,			207		
United States Corporation Agents, Inc. , hereby resign		harahy racione ac	<u>-</u> :=	2072 18:12	
		, nereby resigns as		. J	,
Registered Agent for $\underline{T}$	he Food Boat LLC				
c c <u> </u>			-	.:	
	Name of Limited Liability Company			သိ	•
L21000285572					
Document No	ımber, if known				
	on was mailed to the above listed limited liability				
The agency is terminate	d and the office discontinued on the 31st day after	r the date on which ti	nis state	ment is	s filed.
If signing on behalf of a	n entity:				
	Cheyenne Moseley				
	Typed or Printed Name	<del></del>			
	Asst. Secretary for United States Corporation Ag	ents, Inc.			
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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