4200		
(Requestor's Name) (Address) (Address)	100402183301	
(City/State/Zip/Phone #)	02/07/2301034028 ★★35.00	
Certified Copies Certificates of Status Special Instructions to Filing Officer: Signature	EILED 2023 FEB - 7 PM 2: 15 SECRETARY OF STATE TALLAHASSI - FL	
Office Use Only	A Rosignation	
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COVER LETTER

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TO: Amendment Section Division of Corporations

UMBERTOS RESTAURANT AND PIZZERIA, INC.

(Name of Corporation)

DOCUMENT NUMBER: 420060

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN L. BORNSTEIN

(Name of Person)

(Name of Firm/Company)			دی (ت) ب	202	
9950 STIRLING ROAD, SUITE 107				2023 FEB	
(Address)			ARY	-7	1
COOPER CITY, FL 33024				PH	Π
(City/State and Zip Code)		_		ŝ	\bigcirc
For further information concerning this matter	r, please call	l:		5	
STEVEN L. BORNSTEIN	954 at (436-9155 EXT 112			
(Name of Person)		de & Daytime Telephone I	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0503(2), 617.0502(2), 607.1509, or 617.	1509.		
	VEN L. BORNSTEIN (Name of Registered Agent)		_	
De la contraction	UNINFRTOS RESTAURANT AND PIZZERIA, IN	:С,		
hereby resigns as Registered Agent for	(Name of Corporation)			
420060				
(Document Number, if known)				
A copy of this resignation was mailed t	to the above listed corporation at its last kno	wn addre	:55.	
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after-the date	on which		
If signing on behalf of an entity:	Signature of Resigning Agent)	SECRETARY OF SIZ	2023 FEB -7 PM 2:	
	(Typed or Printed Name)		5	

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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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