

F 04 000006284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

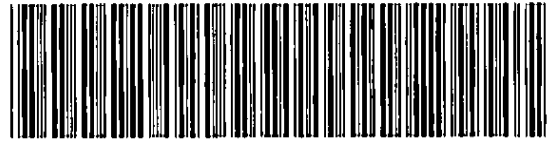
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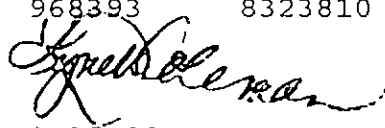
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10/17/2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 968393 8323810

AUTHORIZATION : 

COST LIMIT : \$ 35.00

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ORDER DATE : September 22, 2022

ORDER TIME : 10:57 AM

ORDER NO. : 968393-040

CUSTOMER NO: 8323810  
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RESIGNATION OF REGISTERED AGENT

NAME: SUR LA TABLE, INC.

XX RESIGNATION OF RA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sur La Table, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F04000006284

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:

RESIGNATION DEPARTMENT  
\_\_\_\_\_  
(Name of Person)

CORPORATION SERVICE COMPANY  
\_\_\_\_\_  
(Name of Firm/Company)

251 LITTLE FALLS DRIVE  
\_\_\_\_\_  
(Address)

WILMINGTON, DE 19808  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT \_\_\_\_\_ at ( 800 ) 927-9801  
(Name of Person) (Area 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for Sur La Table, Inc.


(Name of Corporation)

F04000006284

(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.



Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(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

2022 OCT 14 PM 9:25