

F05000005819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

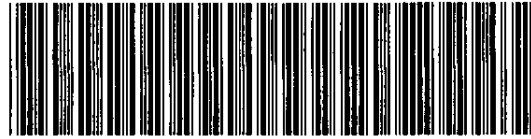
(Business Entity Name)

(Document Number)

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RA Resign

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12 JAN 20 AM 8:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1-23-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restaurant Acquisition Partners, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F05000005819

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:

Katie Thurman

(Name of Person)

Ungerlaw, PC

(Name of Firm/Company)

12121 Wilshire Blvd, Ste 1201

(Address)

Los Angeles, CA 90025

(City/State and Zip Code)

For further information concerning this matter, please call:

Katie Thurman

(Name of Person)

at (310) 820-1000

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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12 JAN 20 AM 8:26

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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

Florida Statutes, the undersigned, Registered Agents Legal Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Restaurant Acquisition Partners, Inc.

(Name of Corporation)

F05000005819

(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.

Denise Fowler

(Signature of Resigning Agent)

If signing on behalf of an entity:

Denise Fowler

(Typed or Printed Name)

Authorized Person

(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**