F11000000416

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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2022 JUL 20 PM 2: 48

A. BUTLER

JUL 2 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 7,97757, 8323810		
AUTHORIZATION Spelle man		
COST LIMIT : \$35.00		
ORDER DATE : July 11, 2022		
ORDER TIME : 9:30 AM		
ORDER NO. : 797757-095		
CUSTOMER NO: 8323810		
~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
RESIGNATION OF AGENT		
NAME: HOULIHAN'S RESTAURANTS, INC.		
XX RESIGNATION OF AGENT REPORT		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Matthew Todd-EXT#62976		
EXAMINER'S INITIALS:		

COVER LETTER

Division of Corporations	
SUBJECT:HOULIHAN'S RESTAURANTS, INC	
(Name of Co	rporation)
DOCUMENT NUMBER: F11000000416	
The enclosed Resignation of Registered Agent for a C	orporation and fee are submitted for filing.
Please return all correspondence concerning this matte	er 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 800 at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 2022 JUL 20 PM 2: 48

SECRETARY OF STATE Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509/drl61/71/509EE, FL
Florida Statutes, the undersigned. CORPORATION SERVICE COMPANY
(Name of Registered Agent)
hereby resigns as Registered Agent for (Name of Conversion)
(Name of Corporation)
F11000000416
(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.
allexis Weiterd, assistant ver president
(Signature of Resigning Agent)
If signing on behalf of an entity:
BY ALEXXIS WEILAND
(Typed or Printed Name)
ASSISTANT 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

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