F16 00000 1170

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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LEARTHENT OF STATE
PURISION OF CORPORATION
TALL ANASSUE, FLORIDA

020 FEB -6 AM 7: 13

MAR 0 3 2020 S. YOUNG

COVER LETTER

	Amendment Section Division of Corporations
SURIF	T:RMK FOOD SERVICE, INC.
	(Name of Corporation)
DOCUM	MENT NUMBER: F16000001170
The enc	losed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please r	eturn all correspondence concerning this matter to the following:
JACKIE I	FARRIS
	(Name of Person)
BSI CON	ITRACTOR SERVICES
	(Name of Firm/Company)
36 ARLI	NGTON RD S
	(Address)
JACKSO	NVILLE, FL 32216
	(City/State and Zip Code)
For furth	ner information concerning this matter, please call:
JACKIE F	FARRIS at (904) 683-5494
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. JACKIE FARRIS
(Name of Registered Agent)
hereby resigns as Registered Agent for RMK FOOD SERVICE, INC.
(Name of Corporation)
F16000001170
(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.
(Signature of Resigning Agent)
(Signature 6) Resigning Agent) If signing on behalf of an entity: AHASSO OF CO.
(Typed or Printed Name)
- Tanana Araba Araba - Tanana Araba Araba - Tanana Araba

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)