## P. O. Box 160568 Sacramento, CA 95816-0568 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of St Photocopy ☐ Will wait Mail out <u>AMENDMENTS</u> NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability ☐ Dissolution/Withdrawal Domestication ☐ Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS ☐ Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) of	or 608.509, Florida Statutes, the undersigned,		
	ARACORP INCORPORA	IFD , hereby resigns as		
	(Name of Registered Agent)	, necesy resigns as		
Registered Agent for	WEST PALMDEN RES	TAURANTS, LLC		
	(Name of Limited	Liability Company)		
A copy of this resignati	on was mailed to the above	e listed limited liability company at its last known address.		
The agency is terminate is filed.	ed and the office discontin	med on the 31st day after the date on which this statement	:	
	) some (Signatus	Te of resigning agent)	•	
If signing on behalf of a	n entity:			
	DENISE ZOI	LINER		
	(Typed	or printed name)	0	
	ASSISTANT	SECRETARY		
	(C	apacity)	DEC 26	
	<b>FILING FEE</b> \$ 85.00 Ac \$ 25.00 Dis	ASSECTION OF STATE OF	26 PM 1:48	FILED

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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