

L02000023697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

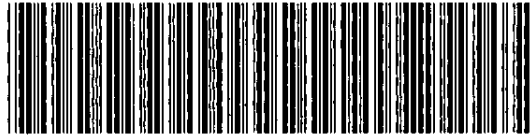
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR -5 P 4:19

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BERKOWITZ & ASSOCIATES, P.A.

ATTORNEYS AND COUNSELORS AT LAW
2101 NW CORPORATE BOULEVARD
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BOCA RATON, FLORIDA 33431

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E-MAIL: IAN@BUSINESSCOUNSELOR.COM

IAN M. BERKOWITZ

OF COUNSEL

MAURICE BERKOWITZ
ALSO ADMITTED NEW YORK BAR
DAVID J. BERKOWITZ

February 20, 2008

VIA US MAIL

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

**RE: Limited Liability Company: FIFTH TASTE CONCEPTS LAS OLAS, L.L.C.
Document Number: L02000023697**

Dear Sir/ Madame:

Enclosed please find the Resignation of Registered Agent for a Limited Liability Company for filing in addition to the required fee in the amount of \$25.00 for processing this inactive company/ administratively dissolved registered agent resignation. As noted on your form, all correspondence regarding the above referenced matter can be directed to:

**Ian M. Berkowitz, Esq.
BERKOWITZ & ASSOCIATES, P.A.
2101 NW Corporate Blvd.
Suite 300
Boca Raton, FL 33431
TEL: (561) 982-7800 FAX: (561) 982-8870**

Please feel free to contact me with any questions or comments you might have.

Sincerely,

BERKOWITZ & ASSOCIATES, P.A.

By: 

Ian M. Berkowitz, Esq.

Enclosure
IMB/nem

FILED
2008 MAR -5 PM 4 19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

IAN M. BERKOWITZ, ESQUIRE

(Name of Registered Agent)

Registered Agent for FIFTH TASTE CONCEPTS LAS OLAS, L.L.C.

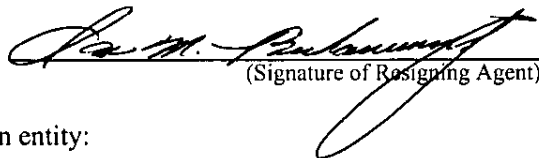
(Name of Limited Liability Company)

L02000023697

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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2008 MAR -5 P 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314