

LO20000024169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200023392062

03/29/03--01109--001 **87.50

FILED

03 OCT 20 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO20000024169

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Z BAKERY RETAIL LLC
(Name of Corporation)

DOCUMENT NUMBER: L02000024169

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:

BRENDA L. HAMILTON, ESQ.
(Name of Person)

(Name of Firm/Company)

2 EAST CAMINO REAL, SUITE 202
(Address)

BOCA RATON, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA L. HAMILTON, ESQ. at (561) 416-8956
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 9, 2003

BRENDA HAMILTON
2 EAST CAMINO REAL, SUITE 202
BOCA RATON, FL 33432

SUBJECT: Z BAKERY RETAIL LLC
Ref. Number: L02000024169

We have received your document for Z BAKERY RETAIL LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 503A00055320

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,

BRENDA L. HAMILTON, ESQ., hereby resigns as
(Name of Registered Agent)

Registered Agent for Z BAKERY RETAIL LLC

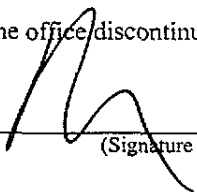
(Name of Limited Liability Company)

L02000024169

(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)

FILED
03 OCT 20 AM 9:37
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