

L04000045816

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407)841-4141
Fax Number : (407)841-4148

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
SI CONCEPTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SI CONCEPTS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000045816

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George R. Rovira
Name of Person

SI CONCEPTS, LLC
Name of Firm/Company

10713 LAKE LOUISA RD
Address

CLERMONT, FL 34711
City/State and Zip Code

george@sirestaurant.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE ROVIRA at (407) 996-7258
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**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,

SCOTT E. JOHNSON

, hereby resigns as

Name of Registered Agent

Registered Agent for

SI CONCEPTS, LLC

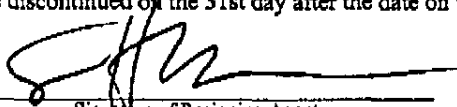
Name of Limited Liability Company

L04000045816

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**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

INHS17 (08/05)

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