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COVER LETTER

SUBJECT: T' Katz Pub, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L04000053278
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:
Michael J. Quicker, Esq.
(Name of Person)
Michael J. Quicker, Esq.
(Name of Firm/Company)
PO Box 19797
(Address)
Sarasota, Florida 34276
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael J. Quicker, Esq. at (941) 926-2338 (Name of Person) (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.5	09, Florida Statutes, the undersigned,
Michael J. Quicker, Esq.	, hereby resigns as
(Name of Registered Agent)	
Registered Agent for T' Katz Pub, LLC	
(Name of Limited Liability	y Company)
L04000053278	
(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 t	the 31st day after the date on which this statement is filed.
Mychael (Signature of	Resigning Agent)
If signing on behalf of an entity:	DIVISIO
(Typed or Print	ed Name)
(Capacity)	PM 1: 1

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\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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