

L04000060027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

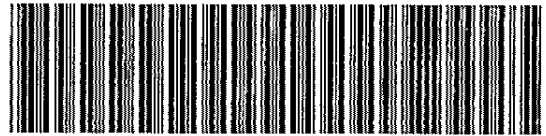
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900042686129

11/19/04--01042--002 \*\*135.00

FILED  
2004 NOV 19 PM 2:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV 29 2004

*Law Offices of*  
*D. Justin Niles, P.A.*

200 WEST PALMETTO PARK ROAD  
SUITE 301  
BOCA RATON, FLORIDA 33432  
(561) 447-9600  
Telecopier: (561) 447-0059  
E-mail: djniles@djnpa.com

November 17, 2004

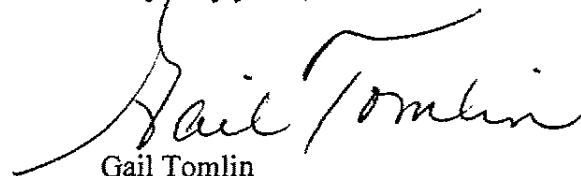
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Pies Chiquitos, LLC

Ladies and Gentlemen:

Enclosed please find various documentation to be filed on behalf of Pies Chiquitos, LLC. Also enclosed, please find our firm's trust account check #4469 payable to Florida Department of State in the amount of \$135.00, representing payment of the filing fees. If you have any questions or comments regarding this matter, please feel free to contact our offices.

Very truly yours,



Gail Tomlin  
Secretary for D. Justin Niles

Enclosures  
DJN/gft

FILED  
2004 NOV 19 PM 2:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PIES CHIQUITOS, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L04000060027

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:

D. JUSTIN NILES  
(Name of Person)

D. JUSTIN NILES, P.A.  
(Name of Firm/Company)

200 W. PALMETTO PARK ROAD, SUITE 301  
(Address)

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

For further information concerning this matter, please call:

D. JUSTIN NILES at ( 561 ) 447-9600  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
2004 NOV 19 PM 2:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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,

D. JUSTIN NILES

(Name of Registered Agent)

, hereby resigns as

Registered Agent for PIES CHIQUITOS, LLC

(Name of Limited Liability Company)

L04000060027

(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

FILED  
2004 NOV 19 PM 2:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA