LU5000020997

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
(Ad	dress)		
. (Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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06/30/09--01001--012 **25.00

B. KOHR
JUN 3 0 2009

EXAMINER





UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

	181	693
June	29,	2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

R&M Restaurant Management, LLC				
Filing Evidence		Type of Document		
☑ Plain/Confirmation	n Copy	□ Certificate of Status		
□ Certified Copy		□ Certificate of Good Standing		
		☐ Articles Only ☐ ☐ All Charter Documents to Ficlude		
		☐ All Charter Documents to Enclude		
Retrieval Reque	<u>st</u>	Articles & Amendments		
□ Photocopy		☐ Fictitious Name Certificate		
☐ Certified Copy		□ Other		
		*		
NEW FILINGS		AMENDMENTS		
Profit		Amendment		
Non Profit	X	Resignation of RA Officer/Director		
Limited Liability		Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other		

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 608.416(2) or 608.509, Florida S	tatutes, the undersigned,
UCC Filing & S	earch Services, Inc.	, hereby resigns as
(Na	ame of Registered Agent)	,
Registered Agent for	&M Restavan	+ Management, LLC
	(Name of Limited Liability Company)	 ,
(Document Number, if		
	46 4	
A copy of this resignation w	as mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminated an	nd the office discontinued on the 31st day a W. Edward Hand	after the date on which this statement & filed.
	(Signature of Resigning Age	ent)
If signing on behalf of an en	ıtity:	FIS S
W	/. Edward Hand	ORIGINA TO
	(Typed or Printed Name)	
Р	resident	ķ
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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