405000023039

| (Requestor's Name) | | | | |
|---|----------------|-------------|--|--|
| (Address) | | | | |
| (Ac | ldress) | | | |
| V | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Office Use Only | | | | |



200059723912

09/19/05--01047--001 **es,on

FILED

05 SEP 12 PH 4: 05

SEPREMENTED FINEDA

R.A. Resignation

T BROWN SEP 2 6 2005

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------------------------------|---|
| SUBJ | ECT: Palm Catering Ent., LLC |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: 1.05000023039 |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to the following: |
| | Beth Ann Gause. Esq. (Name of Person) |
| | Fassett, Anthony & Taylor, P.A. (Name of Firm/Company) |
| | 1325 WEst Colonial Drive |
| | (Address) |
| | Orlando. Florida 32804 (City/State and Zip Code) |
| For fi | urther information concerning this matter, please call: |
| | Beth Ann Gause at (407) 872-0200 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Amer Divis Clifto 2661 | t Address: Independent Section Identify |

TO:

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisi | ions of section 608.416(2) or 608.509, Florida | Statutes, the undersigned, | ₩ . 3 |
|-------------------------|--|---------------------------------|----------------------|
| Dor | lene Reed-Moore | hereby resigns as | 05 SEP |
| | (Name of Registered Agent) | · | PIER PIER PIER |
| Registered Agent for | Palm Catering Enterpris | es, ilc | PH H 05 |
| | (Name of Limited Liability Company) | | LORIDA LORIDA |
| (Document Nu | omber, if known) | | |
| A copy of this resigna | tion was mailed to the above listed limited liab | oility company at its last know | wn address. |
| The agency is termina | nted and the office discontinued on the 31st day | after the date on which this | statement is filed. |
| | Darla Real Moses (Stgnature of Resigning Agent) | | |
| If signing on behalf of | f 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