

LOS 0000064459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

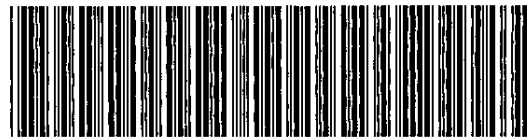
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE

OCT - 5 2012

EXAMINER

FILED
2012 OCT - 4 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: La Cantina Restaurant, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000064459

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:

Jonathan J. Lichtman
Name of Person

Jonathan J. Lichtman, P.A.
Name of Firm/Company

20283 State Road 7, Ste. 300
Address

Boca Raton, FL 33498
City/State and Zip Code

jon@lichtman-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan J. Lichtman at (561) 869-3600
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

Jonathan J. Lichtman, P.A.

Name of Registered Agent

, hereby resigns as

Registered Agent for La Cantina Restaurant, LLC

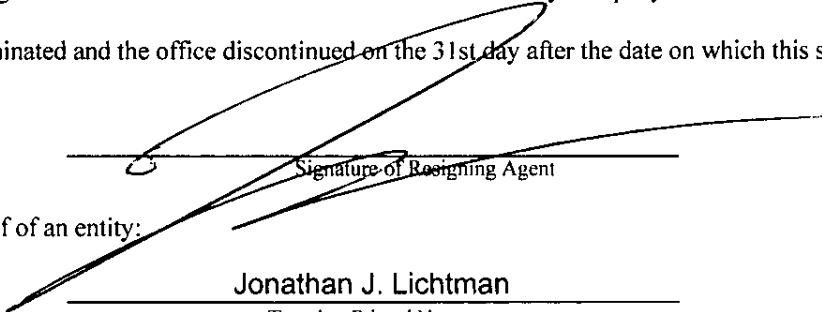
Name of Limited Liability Company

L05000064459

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:

Jonathan J. Lichtman

Typed or Printed Name

President of Jonathan J. Lichtman, P.A.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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