

L05000071894

(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



000170666220

000170666220
03/01/10--01057--022 **\$5.00

FILED

2010 MAR -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TB

MAR - 4 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Whiskey River Restaurant, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L05000071894

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 Guju
Name of Person

Guju Law Firm
Name of Firm/Company

31564 US 19 N.
Address

Palm Harbor, Fl. 34684
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Yasharro at (727) 724-0777
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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,

Michael J. Guju

Name of Registered Agent

, hereby resigns as

Registered Agent for Whiskey River Restaurant, LLC

Name of Limited Liability Company

L05000071894

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:

Michael J. Guju

Typed or Printed Name

Registered Agent

Capacity

FILED
2010 MAR -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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