L06000008222

(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:		
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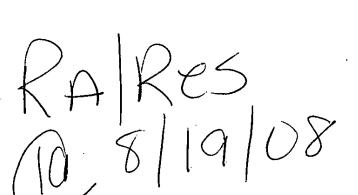
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08/14/08--01036--007 **85.00

DIVISION OF CORPORATION



COVER LETTER

SUBJECT: R & R Pizza Group, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L06000008222
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:
Rhonda Maybin (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company)
800 Brazos, Suite 400 (Address)
Austin, Texas 78701 (City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda Maybin at (800) 345-4647

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

(Name of Person)

Amendment Section

Division of Corporations

TO:

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

(Area Code & Daytime Telephone Number)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.509, Florida Statutes, the undersigned,	
	prate Services, Inc. , hereby resigns as	
(Name of I	Registered Agent)	
Registered Agent for	R & R Pizza Group, LLC	
	(Name of Limited Liability Company)	,
L0600008222 (Document Number, if known)	
A copy of this resignation was ma	iled to the above listed limited liability company at its last known addr	ess.
The agency is terminated and the	office discontinued on the 31st day after the date on which this stateme	nt is filed.
	(Signature of Resigning Agent)	OS VISE
If signing on behalf of an entity:		OS AUG 14
	Cheryl Roberts	F 320
	(Typed or Printed Name)	3 320
	<u>President</u>	9. AA
	(Capacity)	. 977

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