

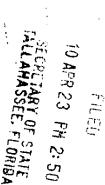
(Re	equestor's Name)	<del></del>			
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## COVER LETTER



Amendment Section
Division of Corporations

SUBJECT:	ALLIED'S MR BARSTO	OOL, LLC		
	Name of Limited Liability	/ Company		
DOCUMENT NUMBER:_	L07000024659			
The enclosed Resignation of for filing.	Registered Agent for a Limited	d Liability Company and fee are su	ubmitte	
Please return all corresponde	ence concerning this matter to t	he following:		
	CONESA	_		
Name	of Person			
	MR BARSTOOL, LLC	<u></u>		
Name of F	irm/Company			
	/ 87TH AVE dress	-		
MIAMI, City/State	FL 33176 and Zip Code	-		
E-mail address: (to be used f	or future annual report notification)	-		
For further information conc	erning this matter, please call:			
RENE CONES	SA at ( 305 Area Code	) 251-2455 e & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 sect	ion 608.416(2) or 608.509,	, Florida Statutes, the under	signed,	
	NIE E CONESA Registered Agent	, hereby resig	gns as	
Registered Agent for	ALLIED'S MR BARSTOOL, LLC			
	Name of Limited Liability Con	mpany	,	
L0700002465	9			
Document Number, if kn	own			
A copy of this resignation was ma	ailed to the above listed lim	nited liability company at it	s last known address.	
The agency is terminated and the	office discontinued on the	31st day after the date on v	which this statement is filed.	
<u>. \$</u>	Hphun Cone Signature of Re	<i>w</i>		
<b>/</b> *	Signature of Re	signing Agent	Σo =	
If signing on behalf of an entity:			E CR	
	STEPHANIE E. C	CONESA	FIL APR 23 CCRETAR) LAHASSI	
			7.11 × 14.11	
	REGISTERED	AGENT		
	Capacity		10 ST. 5:	
			<b>36.</b> 55. 5	

**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