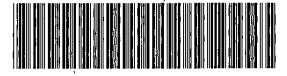
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## COVER LETTER-

SUBJECT:	RIVERFRON	T SALOON, LL	_C
	Name of Limit	ed Liability Compan	у
DOCUMENT NUMBER:		L07000098536	<u> </u>
The enclosed Resignation of for filing.	f Registered Agent fo	or a Limited Liabili	ty Company and fee are
Please return all correspond	ence concerning this	matter to the follow	ving:
STAC Name	YSMALL Ann	Black	
Name	of i cison		
SMITH THOMPSON S	SHAW & MANAUSA Firm/Company	4, P.A.	
Traine of	This company		
3520 THOMASVILI	E ROAD, 4TH FLO	OOR	
	SEE, FL 32309 and Zip Code		
City/State	and Zip Code		
E-mail address: (to be used	for future annual report r	otification)	
For further information con	cerning this matter, p	lease call:	
STA CX-C444	A Black	950 \	803 4105
Name of Pers	tt Arn Dullar (	Area Code & Davti	893-4105 me 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section Division of Corporations

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

submitted

# 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,	ANG 18
JOH	IN O. WILLIAMS	, hereby resigns as	6 1 St
	ne of Registered Agent	,, ,,	<b>10</b>
Registered Agent for	RIVERFRONT SALOON, LLC		
	Name of Limited Liability Co	npany	73.40
L0700009	8536		
Document Number	; if known		
.,		aited liability company at its last known at 31st day after the date on which this state	
	Q DOW	Classigning Agent	
If signing on behalf of an en	tity:		
	Typed or Printed N	ame	
	Capacity	<del></del>	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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