## L0800054657

| (Requestor's Name)  |                   |             |  |
|---|-------------------|-------------|--|
| SANIO RESTAURANT<br>430 L'NCULN ROAD<br>MIAMI BEACH, FL 33139 |                   |             |  |
|   | ···,              |             |  |
| (City/State/Zip/Phone #)                                      |                   |             |  |
|   |                   | MAIL        |  |
| (Bus  | siness Entity Nar | ne)         |  |
| (Doc  | cument Number)    |             |  |
| Certified Copies  | Certificates      | s of Status |  |
| Special Instructions to Filing Officer:                       |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   |                   |             |  |
|   | ······            |             |  |

Office Use Only



05/03/10--01021--027 \*\*85.00

FILED

RAResign Newis 5-6-10

## **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,

| Carlos Tellez                     |                          | , hereby resigns as in the second |
|-----------------------------------|--------------------------|-----------------------------------|
|                                   | Name of Registered Agent |                                   |
| Registered Agent for _            | Arturo Alvare:           |                                   |
| 0 0                               | Empresas Boutolev, LLC   |                                   |
| Name of Limited Liability Company |                          |                                   |
| · · · · · · ·                     |                          | LOR                               |
| L08000054657                      |                          | 0                                 |
| Document Number, if known         |                          | $\nabla$                          |

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 discontinue i on the 31st day after the date on which this statement is filed.

Signa ure of Resigning A gent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## **EES**: JING F

\$ 85,00

\$ 25.00

Active limited liability company 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

INHS17 (08/05)