# L08000068778

(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:
A. LUNT
SEP 20 2011

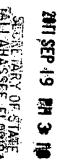
Office Use Only

**EXAMINER** 



700212265047

09/19/11--01018--029 \*\*25.0



#### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:	Name of Lim	oy Pizza,	LLC			
	Name of Lim	itea Liadility	Company			
DOCUMENT NUMBER:	L08000068778					
The enclosed Resignation of R for filing.	egistered Agent f	or a Limited	l Liability Compa	ny and fe	e are subn	ıitted
Please return all correspondence	ce concerning this	matter to th	ne following:	•		
Duncan	Zahra					
Name of	Person					
Jersey Boy	Pizza, LLC				7	2
Name of Firm	n/Company					2 2
1823 Engle	ewood Rd				ASS.	6 =
Addr	ess				335 0 A	) <del>13</del>
Englewood,					OF ST	ii J
City/State an	d Zip Code		and a second second			2
No. of State of the Control of the						
E-mail address: (to be used for	future annual report	notification)				
For further information concer	ning this matter, p	olease call:				
Dorothy Bennet	t at :	941	639-11			
Name of Person		Area Code	& Daytime Teleph	one Numb	per	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Flor	rida Statutes, the undersign	ied,
Dorothy M	l Bennett	, hereby resigns a	as
Name of Regis		,,,,,	
Registered Agent for	Jersey Boy	/ Pizza, LLC	
Nas	me of Limited Liability Company	у	<u></u>
L08000068778			
Document Number, if known			
A copy of this resignation was mailed	I to the above listed limited	liability company at its las	st known address.
The agency is terminated and the office	ce discontinued on the 31st	Sanntt	h this statement is filed.
If signing on behalf of an entity:			2 <b>4</b> 11 SE
	Typed or Printed Name	· · · · · · · · · · · · · · · · · · ·	HI SEP 19
	Capacity		

### 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