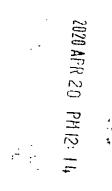
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## **COVER LETTER**

ed Liability Company
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r a Limited Liability Company and fee are submitted
matter to the following:
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otification)
lease call:
800 773-0888 x3950
Area Code ) 773-0888 x3950  Area Code   Daytime Telephone Number
Department of State for \$85.00 for an active limited by dissolved, voluntarily dissolved or withdrawn limite
STREET ADDRESS:
Registration Section
Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the undersi	gned.	
United States Cor	rporation Agents, Inc.	ereby resigns as	
	Name of Registered Agent		
Registered Agent for	NY Restaurant LLC	20	
		20 A	
	Name of Limited Liability Company	(120 A)PR 20	
L08000081131			•
Document	Number, if known	PH 12:	
A copy of this resigna	ation was mailed to the above listed limited liability co	mpany at its last known address	
The agency is termina	Signature of Resigning Agent	ne date on which this statement is filed	
If signing on behalf of	f an entity:		
	Cheyenne Moseley		
	Typed or Printed Name		
	Asst. Secretary for United States Corporation Ager	ts, Inc.	
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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