

LO9000026082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

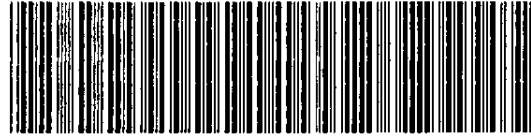
Special Instructions to Filing Officer:

L. SELLERS

FEB 16 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 14 PM 3:57

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stingrays Grill of Brandon LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000026082

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth H. Keim
Name of Person

Stingrays Grill of Brandon LLC
Name of Firm/Company

3705 Palmas Lane
Address

Ruskin, Fl. 33573
City/State and Zip Code

brandonstingrays@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Keim at (813) 3579707
Name of Person Area Code & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Kenneth H. Keim

, hereby resigns as

Name of Registered Agent

Registered Agent for Stingrays Grill of Brandon LLC

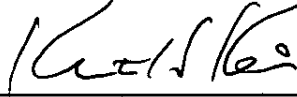
Name of Limited Liability Company

L09000026082

Document Number, if known

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



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

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

INHS17 (08/05)

FILED
11 FEB 14 PM 3:57
STATE
TALLAHASSEE, FLORIDA