

L09000057263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

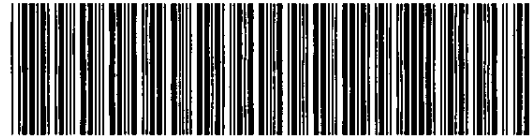
(Business Entity Name)

(Document Number)

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08/08/13--01019--004 \*\*25.00

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2013 SEP -5 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 06 2013

D. CRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2013

TONY ANTONIOUS  
18298 SUNSET BLVD.  
REDINGTON SHORES, FL 33708

SUBJECT: CASANOVA RESTAURANT, L.L.C.  
Ref. Number: L09000057263

We have received your document for CASANOVA RESTAURANT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 113A00020014

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CASANOVA RESTAURANT, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000057263

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:

**TONY ANTONIOUS**

Name of Person

Name of Firm/Company

**18298 SUNSET BLVD.**

Address

**REDINGTON SHORES FL 33708**

City/State and Zip Code

**NASHAATANTONIOUS@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**TONY ANTONIOUS**

Name of Person

at ( **727** ) **6392955**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**FILED**  
2008 SEP -5 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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,

**TONY ANTONIOUS**

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for **CASANOVA RESTAURANT, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

**L09000057263**

\_\_\_\_\_  
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**

**FILED**  
**2008 SEP -5 PM 3:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**