

L100000095363

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
SEP 22 2011

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**                     ROG Grillers, LLC                      
Name of Limited Liability Company

**DOCUMENT NUMBER:**                     L10000095363                    

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:

                    Albert Beckman                      
Name of Person

                    ROG Grillers                      
Name of Firm/Company

                    2801 N Tampa Street                      
Address

                    Tampa, FL 33602                      
City/State and Zip Code

                    acbeck7256@aol.com                      
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

                    Albert Beckman                     at (           813           )           449-0939            
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for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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## 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,

Frederic Byda, Jr, hereby resigns as  
Name of Registered Agent

Registered Agent for ROG Grillers, LLC

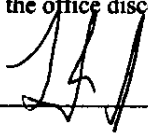
\_\_\_\_\_  
Name of Limited Liability Company

L10000095363

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

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TALLAHASSEE, FLORIDA

### 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