

L10 000116677

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(City/State/Zip/Phone #)

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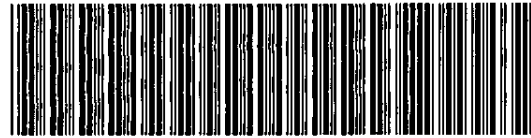
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AUG 30 2011

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11 AUG 29 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** YATES RESTAURANT GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000116677

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:

SHANNON YATES  
Name of Person

YATES RESTAURANT GROUP LLC  
Name of Firm/Company

1625 SE 46TH STREET  
Address

CAPE CORAL, FLORIDA 33904  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shannon Yates at ( 239 ) 738-6066  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

VIRGINIA YATES

Name of Registered Agent

, hereby resigns as

Registered Agent for YATES RESTAURANT GROUP LLC

Name of Limited Liability Company

L10000116677

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

FILED  
11 AUG 29 PM 4:00  
TALLAHASSEE, FL 32314  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## 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