L10000116949

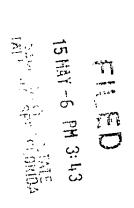
(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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(RM 5-13-15

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florid	da Statutes, the undersigned,	
ROBERT FAUTZ	, hereby resigns as	بن دیکا چین
Name of Registered Agent		
Registered Agent for TWO GUYS & MOE LLC		
Name of Limited Liab	bility Company	
L10000116949		
Document Number, if known		
A copy of this resignation was mailed to the above li	isted limited liability company at its last know	m address.
The agency is terminated and the office discontinued	d on the 31st day after the date on which this s	tatement is filed.
Signal Signal	lure of Resigning Agent	
If signing on behalf of an entity:		
Typed or	Printed Name	
Caps	acity	

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withdrawn limited liability company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
Tallahussee, FL 32314