

#L 10000117218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 26 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ariel Restaurant of Del Prado, LLC

Name of Limited Liability Company

L10000117218

DOCUMENT NUMBER:

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:

Abdelhamid Elommal

Name of Person

Ariel Restaurant of Del Prado, LLC

Name of Firm/Company

500 NW 36th Street #310

Address

Miami, FL 33127

City/State and Zip Code

hamid123_2@msn.com

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

For further information concerning this matter, please call:

Abdelhamid Elommal

Name of Person

at (404)

422-1027

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Cholpon Sabyrova

, hereby resigns as

Name of Registered Agent

Registered Agent for

Ariel Restaurant of Del Prado, LLC

Name of Limited Liability Company

L10000117218

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:

Cholpon Sabyrova

Typed or Printed Name

MGRM

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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
12 OCT 25 PM 2:56
TALLAHASSEE, FLORIDA
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