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**EXAMINER** 



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### **COVER LETTER**

	Ontara Onfa III	•
SUBJECT:	Saigon Cafe, LL Name of Limited Liability (	Company
DOCUMENT NUMBER:		
The enclosed Resignation of R for filing.	Registered Agent for a Limited	Liability Company and fee are submitted
Please return all corresponden	ce concerning this matter to the	e following:
Katy Name of	Hoyt	
name of	Person	
Name of Fire	m/Company	
10053 Ada		
Tampa, F City/State ar	FL 33619 nd Zip Code	
E-mail address: (to be used for	future annual report notification)	
For further information concer	rning this matter, please call:	
Katy Hoyt Name of Person	at ( <u>813</u> ) Area Code	443.5059 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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Amendment Section Division of Corporations

TO:

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) o	r 608.509, Florid	la Statutes, the undersi	gned,	
	Katy Hoyt		, hereby resign:	s as	
Nan	ne of Registered Agent				
Registered Agent for		Saigon Ca	afe, LLC		
	Name of Limited	Liability Company	<u>.</u>		
L1100008		_			
Document Number	, if known				
A copy of this resignation w	as mailed to the above	e listed limited li	ability company at its	last known address.	
The agency is terminated and	d the office disconting	jed on the 31st d	ay after the date on wh	nich this statement is fil	ed.
	Sig	M Ma	Q <sub>gent</sub>	ise Tali	
If signing on behalf of an en	tity:	-		AUG 16 UKETAR LAHASS	Experience description de fi
_	Typed	or Printed Name		- in -≺	
	C	apacity		AM II: 42 OF STATE E, 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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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