

L11000094119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

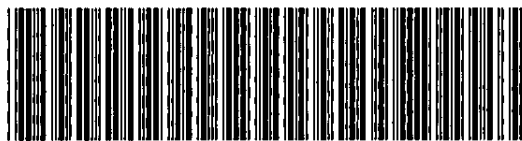
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12 JAN 27 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COHEN NORRIS WOLMER
RAY TELEPMAN COHEN

ATTORNEYS AT LAW

January 24, 2012

JONATHAN A. BERKOWITZ
GARY J. COHAN*
FRED C. COHEN, P.A.**
GREGORY R. COHEN, P.A.**
BERNARD A. CONKO[*][**]
SCOTT R. KERNER
ALFRED G. MORICI*
DAVID B. NORRIS, P.A.
PETER R. RAY, P.A.
M. RICHARD SAPIR, P.A.*
ADAM R. SELIGMAN
KYLE A. SILVERMAN*
ROGER C. STANTON**
JAMES S. TELEPMAN, P.A.***
ROBERT M. WEINBERGER, P.A.*
BRENT G. WOLMER, P.A.

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Registered Agent For A Limited
Liability Company
Our File No. 33115.001

Dear Sir/Madam:

Enclosed please find two Resignations of Registered Agent for MIKE & LEAH'S
NEW YORK PIZZERIA, LLC and TEXT SMART, LLC. Please change your records
accordingly.

Two checks in the amount of \$85.00 each are enclosed in payment for the cost of
filing of both.

Your prompt assistance in this matter is greatly appreciated.

Very truly yours,

Larissa K. Lincoln
Legal Assistant

SECresigRA.ltr

cc: Jonathan A. Berkowitz
Eric and Wendee Kohronas

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

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,

JONATHAN A. BERKOWITZ

Name of Registered Agent

, hereby resigns as

Registered Agent for TEXT SMART, LLC

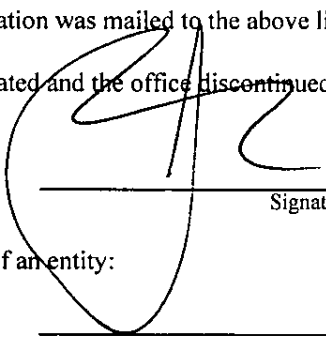
Name of Limited Liability Company

L11000094119

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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SECRETARY OF STATE
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