

#L11000120481

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EXAMINER  
JUL 14 2015



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 24, 2015

MP ACCOUNTING SERVICES, INC  
MELISSA PALACIOS  
5251 GOLDEN GATE PKWY, STE. G  
NAPLES, FL 34116

SUBJECT: AUGUSTINA'S BISTRO A TASTE OF CHICAGO, LLC  
Ref. Number: L11000120481

We have received your document for AUGUSTINA'S BISTRO A TASTE OF CHICAGO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 315A00013325

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

Augustina's Bistro A Taste of Chicago, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:**

L11000120481

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:

Melissa Palacios  
Name of Person

MP Accounting Services Inc  
Name of Firm/Company

5251 Golden Gate Pkwy Ste G  
Address

Naples, FL 34116  
City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa Palacios at (239) 331-8718  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


MP Accounting Services Inc hereby resigns as  
Name of Registered Agent

Registered Agent for Augustina's Bistro A  
Taste of Chicago LLC  
Name of Limited Liability Company

L11000120481  
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

### 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  
2016 JUL 10 PM 4:41  
TALLAHASSEE, FL  
SECRETARY OF STATE