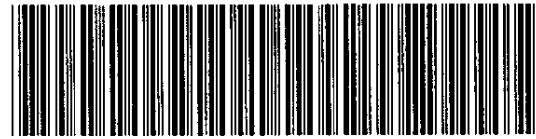


L 11000120481



800274264208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA