*/11000120481

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



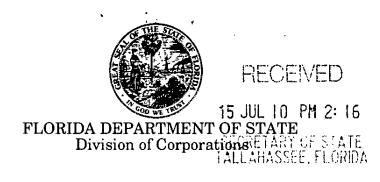


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June 24, 2015

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.

Letter Number: 315A00013325

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: MGUSTING'S BISTIO A TASTE OF Chicago, L Name of Limited Liability Company DOCUMENT NUMBER: 1000 2048
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 Palaciós Name of Person
MP Accounting Services Inc
5251 Golden Gate Pkwy Ste G
Naples FL 34116 City/State and Zip Code

MACCOUNTINATAX & YALOO, COM
E-mail address: (to be used for future fundual report hourification)

For further information concerning this matter, please call:

Melissa Palacios at (239) 331-8718

Name of Person

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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.
Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
MP ACCOUNTING Services TM Chereby resigns as Name of Registered Agent
Registered Agent for Hugustiva's Bistro A Taste OF Chicago LLC Name of Limited Liability Company
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 3 st play 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