

LI1000134193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

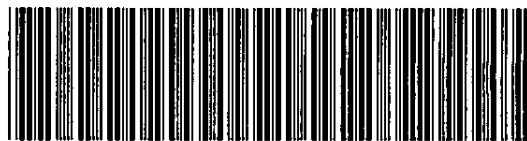
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/28/14--01010--003 \*\*85.00

*Resignation*

*DO, RA*

FILED  
2014 MAR 28 PM 3:58  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

*DR*  
*4/3/14*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bar Boys LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L11000134193

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:

David Gillespie

\_\_\_\_\_  
Name of Person

Bar Boys LLC

\_\_\_\_\_  
Name of Firm/Company

4310 Deer Run Rd

\_\_\_\_\_  
Address

St. Cloud, FL

\_\_\_\_\_  
City/State and Zip Code

prismex@cfl.rr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Flavio Morrissiey

\_\_\_\_\_  
Name of Person

at ( 407 )

\_\_\_\_\_  
Area Code

948 6507

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

FILED  
MAR 28 PM 3:58  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

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

**Flavio Morrissiey**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Bar Boys LLC**

Name of Limited Liability Company

**L11000134193**

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**