

L12000115777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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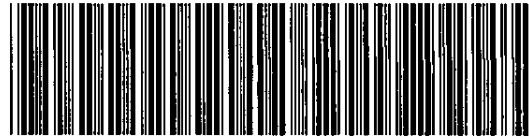
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BARN YARD FAMILY RESTAURANT LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000115777

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:

MARLA COPELAND ESTY

Name of Person

EASY TAX & ACCOUTNING

Name of Firm/Company

P O BOX 2066

Address

HIGH SPRINGS, FL 32655

City/State and Zip Code

easytax@windstream.net

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

For further information concerning this matter, please call:

Marla Copeland Esty at ( 386 ) 454-8959

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

**STREET ADDRESS:**

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

# 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,

**CHARLES JACOBS SR**

Name of Registered Agent

, hereby resigns as

Registered Agent for **BARN YARD FAMILY RESTAURANT LLC**

Name of Limited Liability Company

**L12000115777**

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:

**CHARLES JACOBS SR**

Typed or Printed Name

**REGISTERED AGENT**

Capacity

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13 DEC 11 PM 1:50  
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