

212000130908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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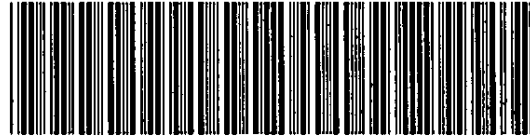
(Business Entity Name)

(Document Number)

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2016 MAY 23 P 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 24 2016  
D. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dos Amigos Mexicali Restaurant & Tequilla Bar, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000130908

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:

Bradley Eavenson

Name of Person

Eavenson, Fraser & Lunsford PLLC

Name of Firm/Company

2000 PGA Boulevard, Suite 3200A

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

brad@eflawfirm.com

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

For further information concerning this matter, please call:

Brad Eavenson

at (561) 626-1011

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

FILED  
2016 MAY 23 P 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Bradley B. Eavenson

, hereby resigns as

Name of Registered Agent

Registered Agent for Dos Amigos Mexicali Restaurant & Tequilla Bar, LLC

Name of Limited Liability Company

L12000130908

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

*\* The undersigned never agreed to serve as registered agent.*

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

FILED  
2016 MAY 23 P 3:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## 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