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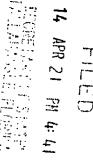
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Resigni Klollit

COVER LETTER

SUBJECT: Mighty Chicken LLC Name of Limited Liability Company
DOCUMENT NUMBER: 13000043290
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:
Jennifer L. Holland Name of Person
Boyles of Boyles, PLLC Name of Firm/Company
212 W. Cervantes Street
Pensacolo, Fl. 32501 City/State and Zip Code
Jennifera boyles and boyles law. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vennifer L. Holland at (850) 433-925 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations

TO:

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 ur	ndersigned,			
Karl Boyle	25		, hereby resigns as			
<i>)</i> N	ame of Registered Agent	,				
Registered Agent for	lighty C	hicken LLC				
		· .			,	
	Name of Limite	ed Liability Company				
L13000043	290 ber, if known		·			
A copy of this resignation	was mailed to the ab	ove listed limited liabil	ity company at its last k	nown addr	ess.	
The agency is terminated	and the office discont	tinued on the 31st day a	after the date on which t	his stateme	ent is fi	led.
	Ĺ	elloy er				
		Signature of Resigning Age	nt			
If signing on behalf of an	entity:					
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-	Тут	ned or Printed Name		全部	APR	स
-		Capacity		Ž: - /	21	<u></u>
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	FILING F	EES:			#	
	\$ 85.00 \$ 25.00	Active limited liability Administratively dissorbithdrawn limited lia	y company olved/ voluntarily disso ibility company	lved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314