

L13000047086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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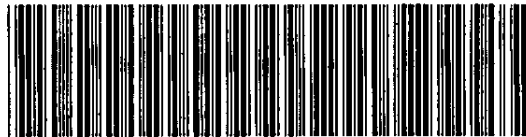
(Business Entity Name)

(Document Number)

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16 APR -7 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 12 2016  
J. HARRIS

## COVER LETTER

**TQ:** Registration Section  
Division of Corporations

**SUBJECT:** ENTERPRISE ROAD PIZZA, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000047086

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:

DEBORAH TRACY

Name of Person

LAW OFFICES OF DEBORAH ROSE TRACY PA

Name of Firm/Company

PO BOX 101

Address

VALRICO, FL 33595

City/State and Zip Code

DEBORAH@DTRACYLAW.COM

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

For further information concerning this matter, please call:

DEBORAH TRACY

Name of Person

at ( 813 ) 765-8344  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

**TAREK KAZBOUR**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **ENTERPRISE ROAD PIZZA, LLC**

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

**L13000047086**

\_\_\_\_\_  
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

**FILED**  
16 APR - 7 AM 10: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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