

L 13000081394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

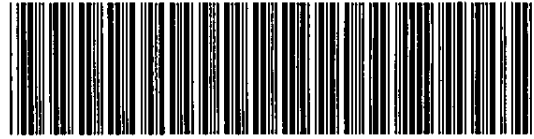
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700268400857

01/20/15--01055--011 **25.00

FILED
15 JAN 20 PM 4: 01

PA Resign.

1/26/15

DC

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: 101 CANTINA BOCA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000081394

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:

ROBERT WOLFE
Name of Person

WOLFE FINANCIAL GROUP
Name of Firm/Company

1515 INTERNATIONAL PARKWAY, SUITE 101
Address

LAKE MARY, FL 32746
City/State and Zip Code

INFO@WOLFEFG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKIRA SUAREZ at (407) 333-0355
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

WOLFE FINANCIAL GROUP

, hereby resigns as

Name of Registered Agent

Registered Agent for **101 CANTINA BOCA, LLC**

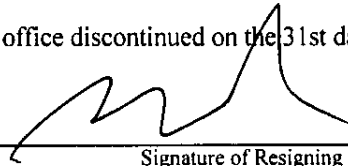
Name of Limited Liability Company

L13000081394

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:

ROBERT WOLFE

Typed or Printed Name

PRESIDENT/OWNER

Capacity

FILED
15 JAN 20 PM 4:01

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