

L13000117970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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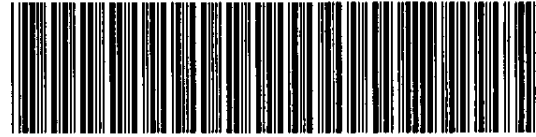
(Business Entity Name)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chez Toni, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000117970

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:

Frank N. Lago, Esq

Name of Person

Walk Law Firm, P.A.

Name of Firm/Company

502 W. Whiting St, Ste 502

Address

Tampa, FL 33602

City/State and Zip Code

flago@walklawfirm.com

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

For further information concerning this matter, please call:

Frank Lago

at

813

999-0199

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Robert L. Thames

, hereby resigns as

Name of Registered Agent

Registered Agent for **Chez Toni, LLC**

Name of Limited Liability Company

L13000117970

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.

Robert L. Thames by Barbara J. Thames, POA
Signature of Resigning Agent

If signing on behalf of an entity:

Robert Thames

Typed or Printed Name

Manager

Capacity

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

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