

L13000151305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

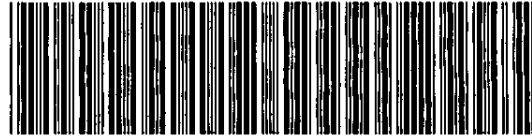
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200266234112

11/12/14--01032--004 **160.00

NOV 24 2014

T. CARTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 PM 12:15

PA Resign

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEACH CUISINE, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000151305

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:

MARGOT PEQUIGNOT, ESQ.

Name of Person

MARGOT PEQUIGNOT, P.A.

Name of Firm/Company

P.O. BOX 2497

Address

LARGO, FL 33779-2497

City/State and Zip Code

marpeq@aol.com

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

For further information concerning this matter, please call:

MARGOT PEQUIGNOT

Name of Person

at (727) 518-7330

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

LYNNE D. CASEY

, hereby resigns as

Name of Registered Agent

Registered Agent for

BEACH CUISINE LLC

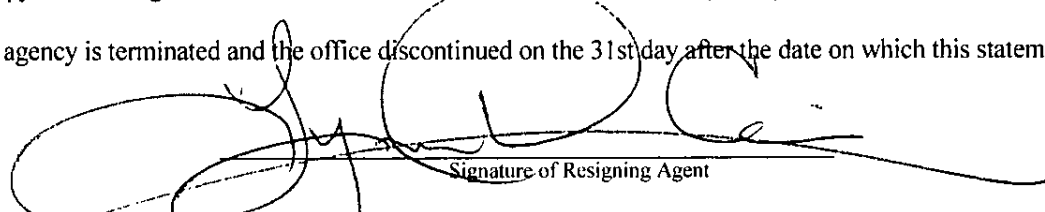
Name of Limited Liability Company

L13000151305

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:

LYNNE D. CASEY
Typed or Printed Name

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 12 PM 12:15