

L13000164190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

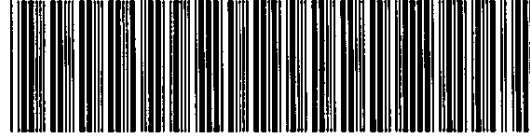
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000287508000

07/20/16--01010--012 \*\*85.00

FILED  
2016 JUL 20 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SAEY  
EXAMINER

JUL 21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HIRO'S SUSHI & STEAK HOUSE USA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000164190

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:

HARRY H RABB CPA  
Name of Person

CORMIER & RABB CPAs PA  
Name of Firm/Company

28163 US HWY 19N STE 204  
Address

CLEARWATER FL 33761  
City/State and Zip Code

harry.rabb@cpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY H RABB CPA at (727) 796-2459  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,  
**HARRY H RABB CPA**, hereby resigns as  
Name of Registered Agent

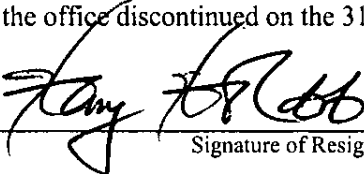
Registered Agent for **HIRO'S SUSHI & STEAK HOUSE USA LLC**  
Name of Limited Liability Company

FILED  
2016 JUL 20 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**L13000164190**  
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

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