

# L13000175248

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

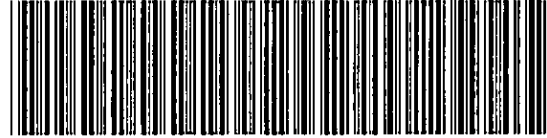
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BURGERS OF JACKSONVILLE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L13000175248

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:

Yamila Benvenuti

Name of Person

Legal Department

Name of Firm/Company

200 W Cypress Creek Rd, Ste 220

Address

Fort Lauderdale, Florida 33406

City/State and Zip Code

legalrenewals@burgerfi.com

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

For further information concerning this matter, please call:

Name of Person

at ( 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Corporate Creations Network Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for BURGERS OF JACKSONVILLE LLC

Name of Limited Liability Company

L13000175248

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.



Dina Irizarry, Special Secretary

Signature of Resigning Agent

If signing on behalf of an entity:

Dina Irizarry

Typed or Printed Name

Attorney-in-Fact

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  
2023 JAN 20 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL