L14000070713

| (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: |
| |
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| |

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: MAMATTAN RESTA | JURANT, LLC |
|---|--|
| DOCUMENT NUMBER: L14 OOC | , , |
| The enclosed Resignation of Registered Agent for for filing. | |
| Please return all correspondence concerning this m | natter to the following: |
| LUIS DAVILA, ESQ, Name of Person | |
| DAVILA & TORRES P.A. Name of Firm/Company | |
| 911 NIMBINST, STES | |
| KISSIMMEE, FL. 34746 City/State and Zip Code | .253 |
| MTLDAULA @aol.com E-mail address: (to be used for future annual report not | ffication) ase call: |
| For further information concerning this matter, ple | ase call: |
| Name of Person at (A | rea Code Daytime Telephone Number : |
| Enclosed is a check made payable to the Florida Do | epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS: Registration Section | STREET ADDRESS: Registration Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provision | ns of section 605.011 | 5, Florida Statutes, the und | lersigned, | | |
|----------------------------|---------------------------------------|--|---|----------------|-----------|
| FEUX R. G. | | | _, hereby resigns as | i | |
| | Name of Registered Age | _ | | | |
| Registered Agent for | MANHATT BY | <u>V RESTAURANT</u> | LLC | | |
| | | | , | | |
| | Name of Lim | nited Liability Company | | | ' |
| L 14 000C | 70773 mber, if known | | | | |
| A copy of this resignation | n was mailed to the a | above listed limited liability | y company at its last | known address | s. |
| The agency is terminated | I and the office disco | ntinued on the 31st day aft | er the date on which | this statement | is filed. |
| | × Felix 1 | Signature of Resigning Agent | <u>lermo</u> | | |
| If signing on behalf of ar | n entity: | | | | |
| | PELIS | K RAMON GUILL yped or Printed Name | 1ERMO | | |
| | | AG-ENT Capacity | | 206 3577 | 5 |
| | FILING \$ 85.00 \$ 25.00 | FEES: Active limited liability of Administratively dissolv withdrawn limited liabi | ompany /ed/ voluntarily diss lity company | SEP IU P I: 15 | |

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