L14000 172485

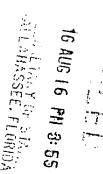
(Requestor's Name)			
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(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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AUG 1 8 2016 Y SULKER

COVER LETTER

SUBJECT: TONY D'S OF FLORIDA,	LLC	
	of Limited Liability	Company
DOCUMENT NUMBER: L140001724		
The enclosed Resignation of Registered A for filing.	Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerni	ng this matter to t	he following:
SHARON COOKE		
Name of Person		-
PARACORP INCORPORATED		
Name of Firm/Company	· · · · · · · · · · · · · · · · · · ·	-
PO BOX 160568		
Address		-
SACRAMENTO, CA 95816		
City/State and Zip Code		-
E-mail address: (to be used for future annual	rono et motification)	
For further information concerning this m	• /	
SHARON COOKE	888) 272-3725 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Fliability company or \$25.00 for an adminitiability company.	Florida Departmen stratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the u	ndersigned,	
PARACORP INCORPORATED	, hereby resigns as	
Name of Registered Agent		
Registered Agent for TONY D'S OF FLORIDA, LLC		
Name of Limited Liability Company		
L14000172485		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabil	ity company at its last known address.	
The agency is terminated and the office discontinued on the 31st day a	after the date on which this statem is filed	
Shown chare Signature of Resigning Age	AUG 16	
If signing on behalf of an entity:		
SHARON COOKE	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
Typed or Printed Name ASST SECRETARY		
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