

L16000014274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

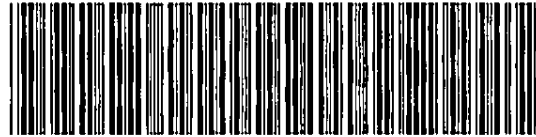
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700344940657

05/21/20--01008--033 \*\*25.00

FILED

2020 MAY 21 AM 6:47

JUN 10 2020  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PINE STREET DINER, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000014274

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:

MICHELLE HINDEN  
Name of Person

NISHAD KHAN PL  
Name of Firm/Company

617 EAST COLONIAL DRIVE  
Address

ORLANDO, FL 32803  
City/State and Zip Code

ROCIO@NISHADKHANLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE HINDEN at (407) 228-9711  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

NISHAD KHAN, P.L.

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for PINE STREET DINER, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000014274

\_\_\_\_\_  
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:

NISHAD A. KHAN

\_\_\_\_\_  
Typed or Printed Name

MANAGER

\_\_\_\_\_  
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  
2020 MAY 21 AM 6:47  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS