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annual report mailings. Enter only one email address please.**	Fax Number : (81	3) 227-0435
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Account Number: 076424003301 Account Number: 076424003301 Phone: (813)223-7474 Fax Number: (813)227-0435 **Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.**		0) 617-6363
From: Account Number: TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O' Account Number: 076424003301 Phone: (813)223-7474 Fax Number: (813)227-0435 **Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.**	Division of Corporat Fax Number : (85)	1005 0) 417_4703

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Help O SIMMONIS FEB 25 2020

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.011	15. Florida Statutes, t	the undersigned.			
TK Registered Agent,	Inc.		, hereby resigns	as		
	Name of Registered Age	ent	(110,000,000,000,000,000	4.7		
Registered Agent for	Power Restaurant Grou	p, LLC				
	Name of Lir	mited Liability Company		·		
L16000059621						
Document	Number, if known					
A copy of this resigna	tion was mailed to the	above listed limited	liability company at its la	ist known ac	ldress.	
The agency is termina If signing on behalf of	- Grany	ontinued on the 31st	day after the date on whi	ch this stated	ment is	filed.
	Gary I. Teblum			7. 73. 73.S	202	
		Typed or Printed Name			2020 FEB 24	****
		Capacity	······, -	s 2 ,	4	j = 317
	FILING \$ 85.00 \$ 25.00	Active limited lia Administratively	bility company dissolved/voluntarily di d liability company	STATE State of State	AH 9:38	

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

INHS17 (2/14)