

06/01/2017

24 DRIVER, McAfee, Peek & Hawthorne

(FAX) 3043011279

2/01/002

6/1/2017

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000147723 3)))



H17000147723ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.
Account Number : I20020000137
Phone : (904)301-1269
Fax Number : (904)301-1279

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT RESIGNATION
CANTINA LOUIE CORPORATE, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

2017 JUN -1 PM 12:21

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -1 AM 11:23

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

JUN 02 2017

H17000147723 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Benjamin J. Porter

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **Cantina Louie Corporate, LLC**

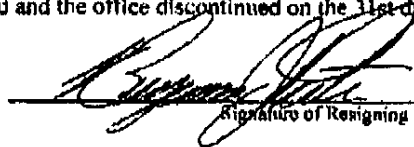
Name of Limited Liability Company

L16000059986

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:

Typed or Printed Name

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| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |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

INHS17 (2/14)

FILED
17 JUN - 1 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000147723 3