# 116000100430

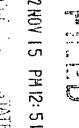
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
[

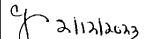
Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L16000100430	
The enclosed Resignation of Registered Agent for a Limited for filing.	t Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Stc 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Chelsea Chapman 844	386-0178
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the und	dersigned,		
Legaline Corporate Services, INC.		, hereby resigns as			
	Name of Registered Ag		_ , ,		
Registered Agent for SF	EVEN STAR RESTAI	URANTS LLC			-
-	Name of Lii	nited Liability Company			
L16000100430					
Document Nu	ember, if known				
17			ty company at its last known		
The agency is terminated	d and the office disco	Signature of Resigning Agen	fter the date on which this sta	tement is	s filed.
If signing on behalf of a	n entity:		—;r⊓ -:	202	
	Chelsea Chapman		ALL	2022 NOV 15	ار الم
		Typed or Printed Name		<u> </u>	*477 -
	On Behalf of Legalii	ne Corporate Services, INC.		വ	Fare - v
	FILING	Capacity	56. S.F.E	PM 12: 51	
	○ \$ 85.00 ○ \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	company lved/voluntarily dissolved/ ility company		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314