

L16000101484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

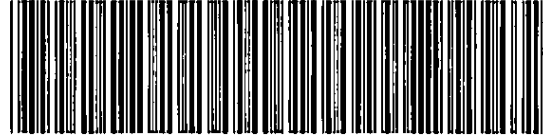
(Business Entity Name)

(Document Number)

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FALL RIVER COUNTY DA

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SEP 20 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nuts-Nuts Franchising USA, LLC

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

**DOCUMENT NUMBER:** L16000101484

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:

Scott Weber

\_\_\_\_\_  
Name of Person

Scott Phillip Weber, P.A.

\_\_\_\_\_  
Name of Firm/Company

3709 W. McKay Avenue

\_\_\_\_\_  
Address

Tampa, FL 33609

\_\_\_\_\_  
City/State and Zip Code

sheila@franchiselegalsolutions.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Weber

at ( 813 ) 337-6650

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Scott P. Weber \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Nuts-Nuts Franchising USA, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L16000101484  
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:

Scott P. Weber  
\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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2019 SEP 11 AM 10:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## **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