

L16000 101490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

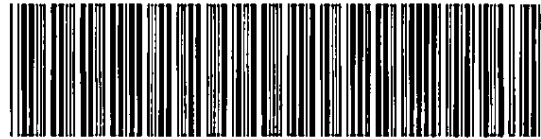
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TALLAHASSEE, FL 32310-1006

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SULKER

SEP 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nuts-Nuts Store Operations USA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000101490

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

Name of Person

at (813) 337-6650
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Name of Registered Agent

, hereby resigns as

Registered Agent for Nuts-Nuts Store Operations USA, LLC

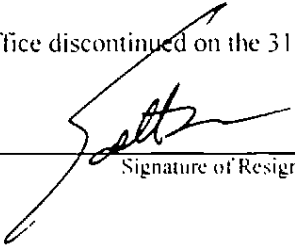
Name of Limited Liability Company

L16000101490

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

FILED
2019 SEP 11 AM 10:08
TALLAHASSEE, FL
CORPORATION DIVISION

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