

Florida Department of State
Division of Corporations
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L16000140381

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To:

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

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

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

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**LLC REGISTERED AGENT RESIGNATION
ISLAND TIME RESTAURANTS - MANDALAY AVE, LLC**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 APR -9 PM 3:58

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

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

Corporation Company of Orlando _____, hereby resigns as

Name of Registered Agent

Registered Agent for ISLAND TIME RESTAURANTS - MANDALAY AVE. LLC

Name of Limited Liability Company

L16000140381

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:

J. Gregory Humphries

Typed or Printed Name

Vice President

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withdrawn limited liability company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