

L16 000 148 185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

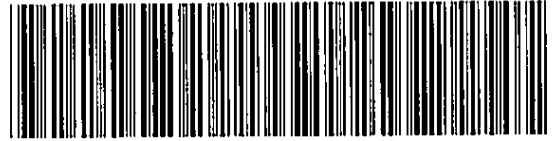
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/24--01012--110 ***

2024 JUL 29 PM 4:36
SECRETARY OF STATE
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VINNYS PIZZERIA & RESTAURANT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000148185

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:

Nicole Williams
Name of Person

URS Agents, LLC
Name of Firm/Company

3675 Crestwood Parkway Suite 350
Address

Duluth, GA 30096
City/State and Zip Code

resignations@urscompliance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents, LLC at (800) 5674397
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2024 JUL 29 PM 11:36
SECRET
TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

URS Agents, LLC _____, hereby resigns as
Name of Registered Agent

Registered Agent for VINNYS PIZZERIA & RESTAURANT LLC _____

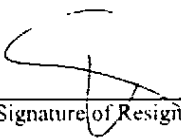
Name of Limited Liability Company

L16000148185 _____

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:

Edwardo Saldana _____

Typed or Printed Name

Manager _____

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