

L170000 84309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

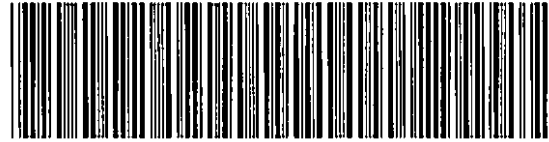
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 MAR -6 PM 4:41

FILED

MAR 16 2019

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUBAI RESTAURANTS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000084309

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:

ALSHUHAIL MOHAND
Name of Person

Name of Firm/Company

12234 SUMTER DR
Address

ORLANDO, FL 23824
City/State and Zip Code

mshuhail.est@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALSHUHAIL MOHAND at (407) 717-2594
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

NAYEF MUBARAK

Name of Registered Agent

, hereby resigns as

Registered Agent for **DUBAI RESTAURANTS LLC**

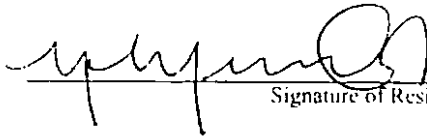
Name of Limited Liability Company

L17000084309

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:

Typed or Printed Name

Capacity

19 MAR -6 PM 4: 41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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