

L17000108013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

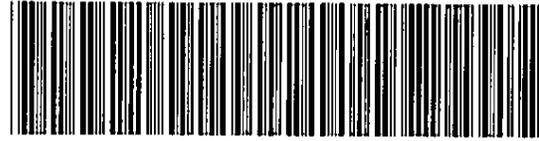
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONO POKE ORLANDO LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L17000108013

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:

MICHELLE HINDEN
Name of Person

NISHAD KHAN PL.
Name of Firm/Company

617 EAST COLONIAL DRIVE
Address

ORLANDO, FL 32803
City/State and Zip Code

ROCIO@NISHADKHANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE HINDEN at (407) 228-9711
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

NISHAD KHAN, P.L.

, hereby resigns as

Name of Registered Agent

Registered Agent for ONO POKE ORLANDO LLC

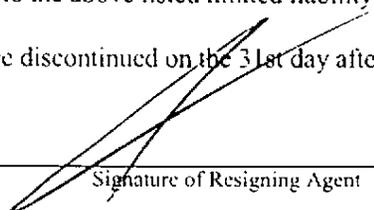
Name of Limited Liability Company

117000108013

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:

NISHAD A. KHAN

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

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2020 MAY 21 PM 3:10