

L17 000 231831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

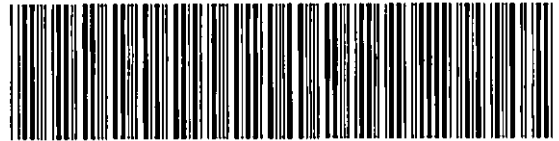
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA MONSTER CHEF, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000231831

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:

R. LEE BENNETT

Name of Person

GRAYROBINSON, PA

Name of Firm/Company

301 E. PINE STREET, SUITE 1400

Address

ORLANDO, FL 32801

City/State and Zip Code

LEE.BENNETT@GRAY-ROBINSON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R. LEE BENNETT

at (407) 244-5631

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TONY MENDOLA

, hereby resigns as

Name of Registered Agent

Registered Agent for FLORIDA MONSTER CHEF, LLC

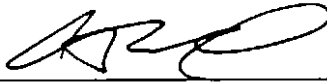
Name of Limited Liability Company

L17000231831

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:

XXXX

Typed or Printed Name

XXXX

Capacity

2007 NOV 15 11:00

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

cc: Florida Monster Chef, LLC.
7533 W. Sand Lake Road
Orlando, FL 32819