# L18000006203

(Re	equestor's Name)	
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(CI	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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JUN 1 0 2021 R. HUNT

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	THE CRAB STOP SE.			
	Nam	e of Limited Liability	y Company	
DOCUMENT NUM	ABER:LISO	00006203		
The enclosed Resign for filing.	nation of Registered	Agent for a Limite	d Liability Company	y and fee are submitted
Please return all corr	respondence concert	ning this matter to t	he following:	
Brandy Buckner				
	Name of Person		_	
L18000006203				
N	ame of Firm/Compan	у	_	
P O Box 6835				
	Address		-	
Vero Beach, FL 32961				
С	ity/State and Zip Code	e	-	
Ebuckner68@yahoo.cor	n			
E-mail address: (to	be used for future annu	al report notification)	_	
For further informati	ion concerning this	matter, please call:		
Brandy Buckner		772 at (	633-2581	
Name	e 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.011	5, Florida Statutes, the undersigned,		
Ellis Buckner Jr		, hereby resigns as		
	Name of Registered Age			
Registered Agent for	THE CRAB	STOP SEAFOOD BAR & GRILL LLC	<del>.</del>	
	Name of Lim	ited Liability Company	•	
L18000006203				
Document Nu	imber, if known	<del></del>		
A copy of this resignation	on was mailed to the a	above listed limited liability company at its last known add	ress.	
The agency is terminated	d and the office disco	ntinued on the 31st day after the date on which this statem  Signature of Resigning Agent	ent is fi	led.
If signing on behalf of a	n entity:			
	Ellis Buckner J	r		
	T Manager	yped or Printed Name	2021 F	ISTA ID
		Capacity	2021 HAR -4	BIVISION OF DUNFO
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	PM 12: 07	HUNG STAFF

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314