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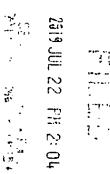
(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: AUSTIN'S INDIAN RIVER GRILLE, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L18000065326
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:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
101 North Brand Blvd. 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
raresignations@legalzoom.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kasandra Lund at (1800) 773-0888 x3951 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisi	ons of section 605.0115, Flo	orida Statutes, the undersign	ed,
United States Corporation Agents, Inc.			, hereby resigns as
	Name of Registered Agent		
Registered Agent for_	AUSTIN'S INDIAN RIVE	R GRILLE, LLC	
	Name of Limited Lie	ability Company	·
L18000065326			
Document 8	umber, if known		
A copy of this resignat	ion was mailed to the above	listed limited liability comp	oany at its last known address.
The agency is terminate	()	on the 31st day after the date	e on which this statement is filed.
If signing on behalf of an entity:		70	
	Cheyenne Moseley		22.04
	Typed or	Printed Name	
	Asst. Secretary for United	States Corporation Agents, In	IC.
	Сар	acity	
	FILING FEES \$ 85.00 Acti \$ 25.00 A	S: ive limited liability company Administratively dissolved/ v	y voluntarily dissolved/

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

withdrawn limited liability company