119000726159

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	≥ #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



800361092808

03/04/21--01020--019 **85.00

2021 HAR - L. PHID: 07

JUN 1 0 2021 R. HUNT

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	THE CRAB ST	THE CRAB STOP SEAFOOD BAR & GRILL II LLC				
30b3LC1		Name of	Limited Liabilit	y Company		
DOCUMENT	NUMBER:	L1900021	26159	. <u>. </u>		
The enclosed R for filing.	esignation of Re	egistered Age	ent for a Limite	ed Liability	Company and	l fee are submitted
Please return al	l correspondenc	e concerning	this matter to	the followir	ng:	
Brandy Buckner						
	Name of	Person		_		
L19000226159						
	Name of Firm	/Company	· · · · · · · · · · · · · · · · · · ·	-		
P O Box 6835						
	Addro	ess		_		
Vero Beach, FL 31	2961					
	City/State and	l Zip Code		_		
Ebuckner68@yaho	oo.com					
E-mail addre	ss: (to be used for f	uture annual re	port notification)	_		
For further info	rmation concert	ing this matt	ter, please call:			
Brandy Buckner			772 at (633-2581		
	Name of Person	<u>.</u>	Area Code	Daytime	Telephone Nut	nber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 605.0115, Florida Statutes, the	e undersigned,	
Ellis Buckner Jr	, hereby resigns as		
	Name of Registered Agent	,	
Registered Agent for	THE CRAB STOP SEAFOOD BAR	R & GRILL II LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
1.19000226159			
Document Nui	nber, if known		
A copy of this resignatio	n was mailed to the above listed limited lia	ability company at its last known address.	
The agency is terminated	and the office discontinued on the 31st da	y after the date on which this statement is filed.	
	Signature of Resigning	2021 HAR -1	
If signing on behalf of ar	entity:	7 92 X X X X X X X X X X X X X X X X X X	
	Ellis Buckner Jr	and the second s	
	Typed or Printed Name		
	Manager	PHI2: 07	
	Capacity	~ 漢 。	

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