120000349022

(F	Requestor's Name)
(/	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(I	Document Number)
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COVER LETTER

Name of Limited	Liability Company
DOCUMENT NUMBER: L20000349022	
The enclosed Resignation of Registered Agent for a for filing.	Limited Liability Company and fee are submitted
Please return all correspondence concerning this ma	tter to the following:
TERENCE MATTHEWS, ESQ.	
Name of Person	
TERENCE MATTHEWS, CHARTERED	
Name of Firm/Company	
5190 26TH STREET WEST, SUITE D	
Address	
BRADENTON, FLORIDA 34207	
City/State and Zip Code	·
KARENJORDAN59@ATT.NET	
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, pleas	se call:
TERENCE MATTHEWS 941 at (755-8583
Name of Person Arc	ea 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Registration Section Division of Corporations

TO:

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 Statu	ites, the undersigned,
JERRY LANDIS	, hereby resigns as
Name of Registered Agent	, ,, ,,,
Registered Agent for MANASOTA CHICK, LLC	
Name of Limited Liability Con	mpany
L20000349022	
Document Number, if known	
A copy of this resignation was mailed to the above listed lin	nited 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.
If signing on behalf of an entity: JERRY A Typed or Printed N Resigning Re Capacity	ND15 Jame agistered Agent GF 27

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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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