L20000383479

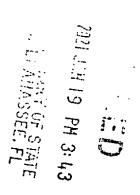
(Re	equestor's Name)				
(Ac	ldress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
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COVER LETTER

SUBJECT: Name of Limite	ed Liability	Company
DOCUMENT NUMBER: L20000383479		
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this r	natter to th	e following:
Dane Arcari		
Name of Person		
Russo's Restaurant Equipment & Supply		
Name of Firm/Company		
405 NE 2ND ST APT 304		
Address		
Fort Lauderdale, FL 33301		
City/State and Zip Code		
Dane@russoequip.com		
E-mail address: (to be used for future annual report no	tification)	
For further information concerning this matter, ple	ease call:	
Dane Arcari at (860	382-3596
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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 provisions of s	ection 605.011	5, Florida Statutes, the under	rsigned,			
Steven Russo	, hereby resigns as					
Name	of Registered Age	nt	,			
Registered Agent for			<u></u> .			
Russo's Restaurant Equipment						
	Name of Lin	nited Liability Company		· · · · · ·		•
L20000383479						
Document Number, i	f known					
A copy of this resignation was		·	• •			filed.
		Steven Russo				
		Signature of Resigning Agent				
If signing on behalf of an entit	y:					
						
	T	yped or Printed Name			702	
		Capacity		٠	61 h 170.	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability co Administratively dissolve withdrawn limited liabili	ompany ed/voluntarily dis ity company	OF SEAT	119 PM 3:4	

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