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### **COVER LETTER**

SUBJECT: SHAKING CRAS SGAFOOD + PHO, LLC
DOCUMENT NUMBER: L31000094735
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:
STEVEN A. RAMVANI Name of Person
Name of Firm/Company
P.O. Box 1118 Address
LA BELLE, FL 33975 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TRAM Vu at (239) 771-7151 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 605.01	115, Florida Statutes, the	undersigned,	
STEVEN A.	AMUNN I		, hereby res	igns as
N	ame of Registered Ap	gent		
Registered Agent for	SHOKING CA	AS SORPERS + PI	to, LLC	
	Name of L	imited Liability Company		
Lalooog47  Document Numb  A copy of this resignation  The agency is terminated a	was mailed to the		y after the date on	its last known address. which this statement is filed.
If signing on behalf of an o	entity:			
_		Typed or Printed Name		
_		Capacity		

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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