Florida Department of State Division of Comporations Electronic Fitting Cover Sheet

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H240003042663ABC.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.

Account Number : I20000000155 Phone : (561)620-0656

Phone : (561)620-0656 Fax Number : (561)620-0657

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION JVB RESTAURANT GROUP, LLC

Certificate of Status	<u> 1</u>
Certified Copy	1
Page Count	02
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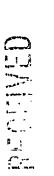
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K. Brumbley



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COVER LETTER

TO: Registration Section Division of Corporations

JVB RESTAURANT GROUP, LLC	
SUBJECT:Name of Limited Liabi	ity Company
DOCUMENT NUMBER: L21000364117	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limifor filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	o the following:
David S. Tobin, Esq.	
Name of Person	
Tobin Reyes PLLC	
Name of Firm/Company	
225 NE Mizner Boulevard, Suite 510	
Address	_
Boca Raton, Florida 33432	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification) -
For further information concerning this matter, please cal	I:
David S. Tobin, Esq. 561	620-0656
Name of Person Area Co	de 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

H240003042663

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Tobin Reyes PLLC		5, Florida Statutes, the undersigned,			
TOOIR REVES FLEC	, hereby resigns as	resigns as			
	Name of Registered Age	DIC.			
Registered Agent for _					
JVB Restaurant Group,	LLC		··············		
	Name of Lin	nited Liability Company			
L21000364117					
Document 3	Number, if known				
A copy of this resignat	tion was mailed to the	above listed limited liability company at its last known a	address.		
The agency is terminal	ted and the office disco	ontinued on the 31st day after the date on which this stat	ement is filed.		
		Signature of Resigning Agent			
If signing on behalf of	an entity:				
	David S. Tobin, Esq.				
	7	Typed or Printed Name			
	President	Capacity			
	FILING \$ 85.00 \$ 25.00	Active limited liability company	2024 SEP		
	Make checks payat	ble to Florida Department of State and mail to: Division of Corporations P.O. Box 6327	0 - 6 PM		

INHS17 (2/14)

Tallahassee, FL 32314