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COVER LETTER

Division of Corporations	
SUBJECT: Bolduc Restaurant Group Name of Limited Liability	Company
DOCUMENT NUMBER: L22000248852	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the ur	idersigned,	
United States Cor	poration Agents, Inc.	, hereby resigns as	
	Name of Registered Agent	,	
Registered Agent for	Bolduc Restaurant Group LLC		_
	Name of Limited Liability Company		_,
L22000248852			
Document ?	Number, if known		
A copy of this resignat	ion was mailed to the above listed limited liabil	ity company at its last known address	i .
The agency is terminal	ed and the office discontinued on the 31st day a	ifter the date on which this statement	is filed.
	Signature of Resigning Age:	TALL ALL	
If signing on behalf of	an entity:		22
	Cheyenne Moseley		P FT
	Typed or Printed Name		HI: 15
	Asst. Secretary for United States Corporation	Agents, Inc.	 <u></u>
	Capacity		S

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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