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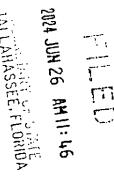
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiness Link, Harris)				
(Document Number)				
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COVER LETTER

Nothing But Plants Vegan Eatery LLC SUBJECT:	
Name of Limited Liabi	lity Company
DOCUMENT NUMBER: 1.22000366343	
The enclosed Resignation of Registered Agent for a Lim for filing.	ited Liability Company and fee are submitted
Please return all correspondence concerning this matter t	o the following:
Cory Betts	
Name of Person	
ZenBusiness Inc.	
Name of Firm/Company	<u> </u>
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	_
ra@zenbusiness.com	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please cal	1:
Cory Betts 844 at (493-6249
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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 provisi	ons of section 605.0115, Florida S	atutes, the undersigned,	
ZenBusiness Inc.	, hereby resigns as		
	Name of Registered Agent		,
Registered Agent for _	Nothing But Plants Vegan Eatery LLC		
	Name of Limited Liability	Company	,
1.22000366343			
Document N	Sumber, if known		
A copy of this resignat	ion was mailed to the above listed	limited liability company at its	s last known address.
The agency is terminat	ed and the office discontinued on the office dis	he 31st day after the date on w	which this statement is filed. FILE TALLAHASS
If signing on behalf of	an entity:		L E
	ZenBusiness Inc. by Khadijeh Her	nmati	mg 3
	Typed or Printe	d Name	MII: 46
	Secretary		: 46 ORIDA
	Capacity		Ď

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