

L23000050193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

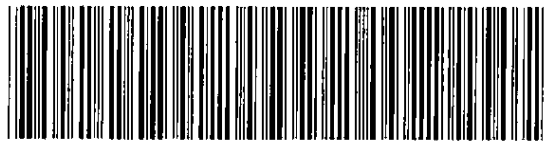
(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

— R —
RUNYAN LAW FIRM, P.A.
contracts | real estate | litigation

1301 East Oakland Park Blvd
Oakland Park, FL 33334
954.561.9466 tel
954.200.8979 fax

Tom@RunvanLawFirm.com email

Sent via: Fedex: 773 | 487 | 7897 08/23/2023

Registration Section
Division of Corporations
2415 N Monroe St, Suite 810
Tallahassee, FL 32303

Re: L23000050193 LLC Document changes

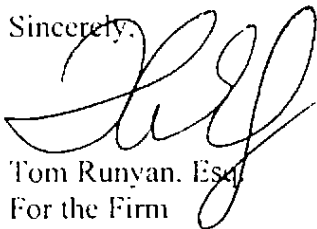
To whom it may concern :

Please find 3 documents for filing with the State. Please file them in the following order:

1. Resignation of Registered Agent
2. Resignation of Member
3. Articles of Amendment

I have included 3 checks for the appropriate filing fees. Should you have any questions, please contact me.

Sincerely,



Tom Runyan, Esq.
For the Firm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYTH GASTROBAR, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: 1.23000050193

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:

TOM RUNYAN, ESQ.
Name of Person

THE RUNYAN LAW FIRM PA
Name of Firm/Company

1301 E OAKLAND PARK BLVD
Address

OAKLAND PARK, FL 33334
City/State and Zip Code

TOM@RUNYANLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM RUNYAN at (954) 561-9466
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#1

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

BRANDEN C VIDAL,

, hereby resigns as

Name of Registered Agent

Registered Agent for MYTH GASTROBAR, LLC

Name of Limited Liability Company

1.23000050193

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Branden Vidal

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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