

L23 000 440456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wolf Restaurant Group LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000440456

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:

Leopold Balestrieri
Name of Person

Wolf Restaurant Group LLC
Name of Firm/Company

410 Via Le Palmas
Address

Boca Raton, FL 33432
City/State and Zip Code

wolfgroupusa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo Balestrieri at (561) 338-8843
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

J. Mayes LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Walt Restaurant Group LLC
Name of Limited Liability Company

L23000440456
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.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

J. Mayes LLC
Typed or Printed Name
A. Member of J. Mayes LLC
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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Name of Firm/Company

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Address

Boca Raton, FL 33432
City/State and Zip Code

wolfgroupusa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Balestrieri at (561) 358-8843
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.

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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 605.0115, Florida Statutes, the undersigned,

J. Meyer LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Walt Restaurant Group LLC
Name of Limited Liability Company

L23000440456
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.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

J. Meyer LLC
Typed or Printed Name
A. Member of J. Meyer LLC
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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P.O. Box 6327
Tallahassee, FL 32314