

L98 000 000 613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

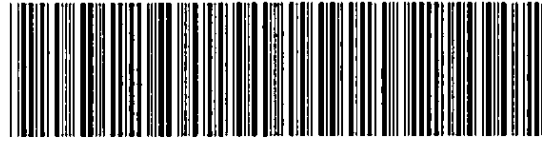
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20 FEB -6 PM 4:32

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**COVER LETTER**

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20 FEB -6 PM 4:32

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DF Restaurants, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L98000000613

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:

Jane C. Rankin, Esq.  
Name of Person

Kubicki Draper  
Name of Firm/Company

1 East Broward Blvd., Suite 1600  
Address

Fort Lauderdale, FL 33301  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jane C. Rankin, ESq. at (954) 713-2324  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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**

20 FEB - 6 PM 4:32  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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

Kubicki Draper \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for DF Restaurants, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L9800000613  
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 of Resigning Agent

If signing on behalf of an entity:

Jane C. Rankin, Esq.  
\_\_\_\_\_  
Typed or Printed Name  
Shareholder/Secretary  
\_\_\_\_\_  
Capacity

**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**