

P.01 of 2

1

1

 $\overline{\infty}$ 

## Florida Department of State **Division of Corporations**

Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

Note: Picase print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000054259 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

·* ··*	······································	· ····································	
To:			ALE OO
	Division of Con	porations	LAR O T
	Fax Number	: (850)922-4000	
From			AR IT
	Account Name	: LAW OFFICES OF SALLY N. SAWH	EHC P
	Account Number	: I19990000232	
	Phone	: (305)865-1224	For So S
	Fax Number	: (305)865-6086	07 -



## **REGISTERED AGENT RESIGNATION**

## SANGRIA TAPAS BAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

+-17-00 02-24P	Law Offices of Sally N. S	P.02.
	_	
	H000000 542	597
لو:		/
RESIGNATIO	ON OF REGISTERED AGENT FO	OR A LIMITED
	LIABILITY COMPANY	
Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Statutes,	the undersigned
Sally N.	SAUM Name of Registered Agent)	
(	Name of Registered Agent)	, hereby resigns as
Decisional Lange L.		
Acgistered Agent for	SANGRIA TAPAS BOR, LL	<u>C</u>
	(Name of Limited Liability Company)	
A copy of this resignatio address.	n was mailed to the above listed limited liability of	company at its last known
a001/035.		
The agency is terminated	and the office discontinued on the 31st day after	a also defense a state a s
statement is filed.	en sin day me	a me date on which this
	$\bigcirc$	
	$\bigcup$ ( $\frown$ )(	
	(Signature of realigning agent)	
f signing on behalf of an e	ptity:	
		TAL 0
		OO OCT
	(Typed or printed name)	CT 17 PH 3: 49 AHASSEE, FLORIDA
<u> </u>		S → → → → → → → → → → → → → → → → → → →
	(Capacity)	
	. <sup>1</sup>	STAL
		DE 9
	FILING FEES: \$ 85.00 Active Limited Liebilian Comment	
	<ul> <li>\$ 85.00 Active Limited Liability Company</li> <li>\$ 25.00 Dissolved Limited Liability Comp</li> </ul>	y Jany
	• <b>•</b>	
	,	
Make c	hecks payable to Florida Department of State and mai	I to:
	Division of Corporations P.O. Box 6327	
HS:7(4/44)	Tallabaisee, FL 32314	
⋽⋺⋵⋠⋬⋣⋎⋎⋪⋫⋣		
11.		
[-+ C	0000054259	7

- \* \_