

L99000006227
Requester's Name

P.O. Box 2527
Address

Fort Myers, FL 33902-2527
City/State/Zip Phone #

300005481693--6
-05/07/02--01068--015
*****120.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -7 AM 9:27

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

L99-6227

OR

Examiner's Initials

Low Offices

GARGANO & MARCHEWKA, L.L.P.

2075 West First Street, Suite 203
Fort Myers, Florida 33901
941-337-2280 ext. 3
FAX 941-337-7705

Anthony J. Gargano

Please reply to:
P.O. Box 2527
Fort Myers, Florida 33902-2527
AJGLAW@aol.com

May 3, 2002

Florida Department of State
Division of Corporations
Post Office Box 6237
Tallahassee, Florida 32314

RE: Resignations (4)

Dear Madam:

I have enclosed four resignations for filing. I have also enclosed a check made payable to the Secretary of State in the amount of \$120.00 in payment of your required fees.

After the Resignations have been filed, please furnish me with confirmation of filing.
Thank you for your cooperation and assistance.

Sincerely,



Rebecca D. Stokes
Legal Assistant

enclosures

02 MAY - AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael Filzenger

(Name of Registered Agent)

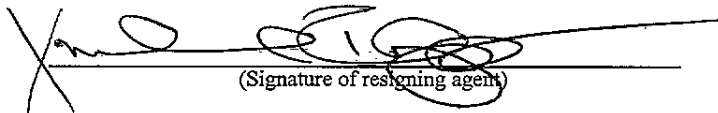
, hereby resigns as

Registered Agent for Boqert's Chop House, LLC.

(Name of Limited Liability Company)

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:

(Typed or printed name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -7 AM 9:27

FILED

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314