HD6000001357

(Re	questor's Name)		
(A d	dress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
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(Document Number)			
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Ten Bank Street, Suite 560 White Plains, NY 10606 www.unitedcorporate.com Toll Free (800)899-8648 Voice (914)949-9188 Fax (914)949-9618

September 11, 2012

State of Florida Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Aqua Grill Restaurant Management LLC M06000001357

Dear Sir/Madam:

Enclosed is the Resignation of Registered Agent form for the above noted entity along with our check in the amount of \$25.00 for the filing fee.

If everything is in order, please file, forwarding a filed stamped copy to the attention of the undersigned in the enclosed envelope.

Thank you.

Sincerely.

Project Associate

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,	
	Corporate Services, Inc. , hereby resigns as ame of Registered Agent	
Registered Agent for	AQUA GRILL RESTAURANT MANAGEMENT LLC	
	Name of Limited Liability Company	
M06000	01357	
Document Nun	er, if known	
	Robert F. Gilhooley	d.
	Typed or Printed Name Vice President Capacity FILING FEES: \$85.00 Active limited liability company \$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company	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