M0600006354		
(Requestor's Name) (Address) (Address)	100416186111	
(City/State/Zip/Phone #)	09/25/2801022029 **25.00	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED Sep 25, 2023 08:00 AM Secretary of State	
Office Use Only	Ra Risignation	

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Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 Phone. (800) 345-4647 Fax: (800) 432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: REP UNIT: 9/19/2023 FLORIDA FI**RE MOUNTAIN RESTAURANTS**, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33451 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> FILED Sep 25, 2023 08:00 AM Secretary of State



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ł	porate Services, Inc. of Registered Agent	, hereby resigns as	
	FIRE MOUNTAIN RI	ESTALIBANTS LLC	— <u>-</u>]
Registered Agent for			
	Name of the Limited	I Liability Company	
Document Number, i			
A copy of this resignation was	mailed to the above listed limited l	liability company at its last known addre	SS.
The agency is terminated and	the office discontinued on the 31st of	day after the date on which this stateme	nt is filed.
	Signature of Resigning	g Agent	
If signing on behalf of an entit	λ) Σ		ILED
	Yvette Cleveland		023 08:00
	Typed or Printed Name		tary of Sta
	Assistant Secretar	У	

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- FILING FEES:\$ 85.00Active limited liability company\$ 25.00Administratively 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withdrawn limited liability company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

INH\$17 (2/14)

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