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(Re	equestor's Name)		
(Ad	ldress)	•	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	, #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 1 6 2010

EXAMINER

212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

March 8, 2010

RE: FARMERS BUFFET, LLC (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$25.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	5 C
C T CORPORATION SYSTEM		, hereby resigns as	High F
	(Name of Registered Agent)	, nercoy resigns as	FIST S
Registered Agent for _	FARMERS BUFFET, LLC (DE. DOM.)		RIDE
	(Name of Limited Liability Company)		`
M08000000782			
(Document Nur	mber, if known)		
_	ion was mailed to the above listed limited liabili		
The agency is terminat	ed and the office discontinued on the 31st day at (Signature of Resigning Agent)	mer the date on which this	statement is fried.
If signing on behalf of	an entity:		
	C T CORPORATION SYSTEM - Theresa	Alfieri	
	(Typed or Printed Name) ASSISTANT 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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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