## M15000002341

(Requestor's Name)
(Addrson)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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08/25/23--01022--014 \*+25.00

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

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## Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78757 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:

9/19/2023 FLORIDA BUFFETS, LLC

REP UNIT: BUFFETS, LL

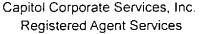
Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 33439 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the 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, ti	ne undersigned,
Capitol Co	rporate Services, Inc.	hereby resigns as
Nam	e of Registered Agent	
Registered Agent for	BUFFE	ΓS, LLC
<u>.                                    </u>	Name of the Limited	Liability Company
M150000 Document Number,		
A copy of this resignation wa	as mailed to the above listed limited l	iability company at its last known address.
The agency is terminated and	I the office discontinued on the 31st of	day after the date on which this statement is filed.
_	Signification of Resigning	Agent
If signing on behalf of an ent	ity:	FILED
	Yvette Cleveland	Sep 25, 2023 08:00 AM
<del></del>	Typed or Printed Name	Secretary of State
	Assistant Secretar	Secretary of State
	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