

M16000005912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

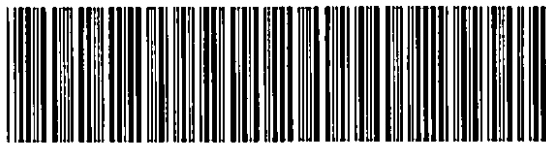
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2018 AUG 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURGUER GOURMET USA LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M 16 00000 5912

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE GONZALEZ AMILCAR

Name of Person

BURGUER GOURMET USA LLC

Name of Firm/Company

9963 NW 10th TERRACE

Address

MIAMI FL 33172

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOMENICA SELLITTI

786

3341043

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED

2018 AUG 24 PM 3:52

**SECRETARY OF STATE
TALLAHASSEE, FL**

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

VARGAS & ASSOCIATES INTERNATIONAL GROUP COF

, hereby resigns as

Name of Registered Agent

BURGUER GOURMET USA LLC

Registered Agent for _____

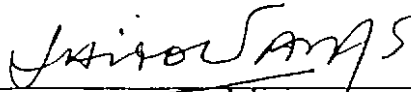
Name of Limited Liability Company

M16 00000 5912

Document Number, if known

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:

VARGAS & ASSOCIATES INTERNATIONAL G

Typed or Printed Name

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**