

MI9000000110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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☐

MAIL

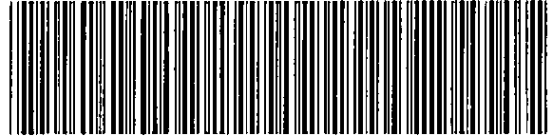
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

*Handwritten signature*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHIBUI TAMPA LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M19000000110

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:

BEVERLY SMOAK  
Name of Person

Name of Firm/Company

424 SEA HOLLY DRIVE  
Address

BROOKSVILLE FL 34604  
City/State and Zip Code

BEV.SMOAK@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEVERLY SMOAK                      813                      480-2182  
Name of Person                      at (                      )                      Daytime Telephone Number  
Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**2024 JAN 22 AM 11:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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

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

BEVERLY SMOAK

, hereby resigns as

Name of Registered Agent

Registered Agent for SHIBUI TAMPA LLC

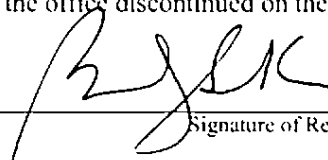
Name of Limited Liability Company

M19000000110

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:

Typed or Printed Name

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FL

## 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