

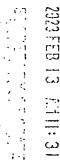
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entity Warne)			
(Comment Number)			
(Document Number)			
Control Control			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

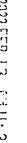
Office Use Only



100401917011

02/13/23--01022--020 \*\*85.00





Ra Risignation

APR 2 7 2023 D CUSHING



## 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:

2/8/2023 FLORIDA

**REP UNIT:** 

NADERA'S KITCHEN 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 # 33032 in the amount of \$85.00 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

> Capitol Corporate Services, Inc. Registered Agent Services



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

Pursuant to the provisions of se	ction 605.0115, Florida Statutes, the undersigned.	
Capitol Corp	orate Services, Inc, hereby resig	ns as
Name o	l'Registered Agent	
Registered Agent for	NADERA'S KITCHEN LLC	
	Name of the Limited Liability Company	
M2100001; Document Number, if	·-··	
A copy of this resignation was	mailed to the above listed limited liability company at it	s last known address.
The agency is terminated and the	ne office discontinued on the 31st day after the date on v	which this statement is filed.
	Signature of Resigning Agent	2023 FEB
If signing on behalf of an entity:		
	Yvette Cleveland	7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	Typed or Printed Name	
	Assistant Secretary	<u> </u>

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