

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

: INCORPORATING SERVICES FL Account Name

Account Number: I20050000052

Phone

: (850) 656-7956

Fax Number

: (850) 656-7953

Enter the email address for this business entity to be used for Future annual report mailings. Enter only one email address please. Email Address:

in

REGISTERED AGENT RESIGNATION APACHE LANDING RESTAURANT, INC.

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7/20/2016

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COVER LETTER

Division of Corporations	
SUBJECT: APACHE LANDING RES	TAURANT, INC.
(Name of Corpora	fion)
DOCUMENT NUMBER: M38614	· · ·
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
Tunisha Scott	
(Name of Person)	-
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	<u> </u>
3500 S DUPONT HWY	
(Address)	_
DOVER, DE 19901	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Tunisha Scott 800	346-4646
(Name of Person) (Area Code	e & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, PL 32314

H160001747523

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes	, the undersigned, INCORPORATING SERVICES, LTD.			
	(Name of Registered Agent)			
hereby resigns	as Registered Agent for APACHE LANDING RESTAURA	NT, IN	IC.	
	(Name of Corporation)	<u>-</u>		
M38614				
(Docume	nt Number, if known)			
	esignation was mailed to the above listed corporation at its last kno eminated and the office discontinued on the 31st day after the date officed. Signature of Resigning Agent)		h	
If signing on be	half of an entity:	HECKE I	16 JUL	प्रशासका हुन् । १८ स्टब्स्ट्र
	Tunisha Scott	60 m	20	git terrore. G
	(Typed or Printed Name)	14 E		i i i i
	ASSISTANT SECRETARY	SIAIC	9: 10	A CONTRACTOR
	(Capacity)	, (i)		

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314