## P0100001772

| (Re                                     | questor's Name)   |      |  |  |  |
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| (Cit                                    | y/State/Zip/Phone | ∌#)  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL |  |  |  |
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| (Bu                                     | siness Entity Nan | ne)  |  |  |  |
|   |                   |      |  |  |  |
| (Do                                     | cument Number)    |      |  |  |  |
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| Certified Copies Certificates of Status |                   |      |  |  |  |
|   |                   |      |  |  |  |
| Special Instructions to                 | Filing Officer:   |      |  |  |  |
| ·                                       |                   | ŀ    |  |  |  |
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Office Use Only



000149612540

04/15/09--01024--020 \*\*87.50

R. A. Resign.

TB 4-17-09

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT:  | FISHMON                     | D RES  | TAURANT                        | s, INC                   | ··· |  |
|---|-----------------------------|--|--------------------------------|--------------------------|-----|--|
|   |                             | (Name of Co  | orporation)                    |                          |     |  |
| SUBJECT: //   | MBER:                       | P'0100   | 0001772                        | .9                       | -   |  |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  |                             |  |                                |                          |     |  |
| Please return all co  | rrespondence conc           | erning this matt   | er to the following:           |                          | •   |  |
| JOHN A  | (Name of Person             | JONE   | <u>.s_</u>                     |                          |     |  |
| JONE.   | S 4 CO.                     | a~g<br>pany)   |                                |                          |     |  |
| 11985 U   |                             |  |                                | 07                       |     |  |
| NORTH PALM BEACH FLA 33408  (City/State and Zip Code)   |                             |  |                                |                          |     |  |
| For further information concerning this matter, please call:  |                             |  |                                |                          |     |  |
| JOHN J  | me of Person)               | at ( <u>5</u>  | (61) 775<br>a Code & Daytime T | 7881<br>elephone 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 Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32   | on<br>ations<br>nter Circle | Mailing Address Amendment Sec Division of Corp Post Office Box Tallahassee, FL | ction<br>corations<br>6327     |                          |     |  |

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

| Florida Statutes, the undersigned,                               | JOHN /                    | Registered Agent)       | DNES                                   |
|--|---------------------------|-------------------------|--|
| hereby resigns as Registered Agent for                           | FISHMON                   |                         | ZANTS, INC.                            |
| P01000017729 (Document Number, if known)                         | _                         |                         |  |
| A copy of this resignation was mailed t                          | o the above listed cor    | poration at its last kn | own address.                           |
| The agency is terminated and the office this statement is filed. | e discontinued on the     | 31st day after the date | e on which                             |
| If signing on behalf of an entity:                               | ignature of Resigning Age | nt)                     | 2009 APR 15 A SECRETARY OF TALLAHASSEE |
|  | (Typed or Printed Name)   |                         | AMIL: OF<br>EFFLORIES                  |
|  | (Capacity)                |                         | -                                      |

## 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