

PO1000046179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

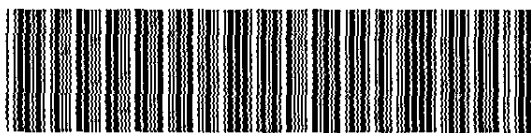
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800022785498

Resignation

OB

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09/17/03--01011--011 **35.00

RECEIVED

03 SEP 17 AM 11:48

STATE
INVESTIGATIONS
TALLAHASSEE, FLORIDA

ADR
9/17/03

FILED
03 SEP 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GRAYHARRIS
ATTORNEYS AT LAW

GRAY, HARRIS & ROBINSON, P.A.
SUITE 600
301 SOUTH BRONOUGH ST. (32301)
P.O. BOX 11189
TALLAHASSEE, FLORIDA 32302-3189
TEL 850-222-7717
TEL 850-577-9090
FAX 850-222-3494
FAX 850-577-3311
WEB grayharris.com

September 17, 2003

E-MAIL ADDRESS

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

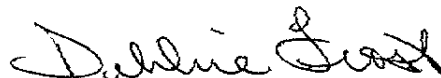
To Whom It May Concern:

Enclosed for filing, please find **RESIGNATION OF REGISTERED AGENT** form, along with a check in the amount of \$35.00 for the applicable filing fees for the following entity:

WESTSHORE RESTAURANTS HOLDINGS, INC.
Document Number: P01000046179

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,



Debbie Frost
Office Administrator

/dyf
Enclosures

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

03 SEP 17 PM 1:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Florida Statutes, the undersigned, MICHAEL E. NEUKAMM
(Name of Registered Agent)

hereby resigns as Registered Agent for WESTSHORE RESTAURANTS HOLDINGS, INC.
(Name of Corporation)

P01000046179

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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)
MICHAEL E. NEUKAMM

If signing on behalf of an entity:

(Typed or Printed Name)

(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