P03000063113

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TO: Amendment Section Division of Corporations
SUBJECT: A Taste of Chicago, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0300063113
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carl S. Barnard (Name of Person)
A Taste of Chicago. Inc. (Name of Firm/Company)
home - 7613 Castlebay Ct.
Orlando, FL 32835 (Cliy/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 298-8058 (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved; voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Games Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 23, 2004

Carl S. Barnard A Taste of Chicago, Inc. 7613 Castlebay Ct. Orlando, FL 32835

SUBJECT: A TASTE OF CHICAGO INC.

Ref. Number: P03000063113

We have received your document for A TASTE OF CHICAGO INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

As the fee to file a registered agent resignation for an active corporation is \$87.50, an additional fee of \$52.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 904A00019169

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	_	(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned.	<u>Carl 5</u>	. Barna	rd
	A Tast (Name	e of CV	nicago. Inc
PO300063113 (Document Number, if known)			
A copy of this resignation was mailed	d to the above listed corp	oration at its last k	nown address.
The agency is terminated and the offithis statement is filed.	Butter of Resigning Ages		nte on which
If signing on behalf of an entity:			FIL 04 APR-2
	(Typed or Printed Name)		-2 MIII: I
	(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 Tallahacres, FL 32314