P04000125841

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	<i>⇒</i> #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



000108464910

08/24/07--01041--019 **87.50

FILED

07 AUG 24 AM 9: 34

SLORETARY OF STATE
ATT AHASSEE, FI ORIU

Del Ju. or

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: THE SANIBEL RESTAURANT GROUP, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: P04000125841	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the following:	
Laura Anthony	
(Name of Person)	
Legal & Compliance, LLC	
(Name of Firm/Company)	
330 Clematis Street, Suite 217	
(Address)	
West Palm Beach, FL 33401	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Laura Anthony at (561) 514-0936 (Name of Person) (Area Code & Daytime Telephone Number	<u>r)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of section	ns 007.0302(2), 017.0302(2), 007.1309, 0F 017.1309,	
Florida Statutes, the undersigned, _	Legal & Compliance, LLC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	forTHE SANIBEL RESTAURANT GROUP, INC.	
	(Name of Corporation)	
P04000125841		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which	
L 6	(Signature of Resigning Agent)	3
If signing on behalf of an entity:	(Signature of Resigning Agent)	
Laura Anthony	Y OF RT	. [1]
Philadeleterren	(Typed or Printed Name)	
Attorney	STATE OF THE STATE	
	(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withdrawn corporation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