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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE STATE FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 360 MCNAB GCITTE TOC. (Name of Corporation)
DOCUMENT NUMBER: PO 50000 36504
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:
Kerry Nealon (Name of Person)
360 MCNAB GALLE TOC (Name of Firm/Company)
360 East MCNAB RD (Address)
Pompano Beach FL 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
Kerry Nealon at (954) 942-5203 (Name of Person) (Area Code & Daytime Telephone Number)
(Marine at Leibott) (Mica Code & Daytime Telebuode Mumber)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporary \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporaries

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Taliahassee, FL 32314

CR2E046(08/U5)

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, Sven H Jutz (Name of Registered Agent)	-		
hereby resigns as Registered Agent for 360 Mc Nab Grille In T (Name of Corporation)			
(Name of Corporation) (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known address	3.		
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)			.7
If signing on behalf of an entity:	SECRETAR'S TALLAHASS	FIL 07 IIII -3	•
(Typed or Printed Name)	<u> </u>	FILED	
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(Conscitu)		 2	
[1 'Andrian']			

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