## P12000101689

(Requestor's Name)
(44)
(Address)
(Address)
( wanted)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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resignation

10/30/13--01011--014 \*\*87.50

2818 OCT 30 PM 4: 11
SECRETARISSEE, FLORIDA

W/4/13

LAW OFFICES

Sheldon R. Rosenthal
SUITE 1040 CITY NATIONAL BANK BUILDING

25 WEST FLAGLER STREET

Miami, Florida 33130

TELEPHONE 379-1452 "FAX" 358-8020 AREA CODE 305

October 28, 2013

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Kabob Shack, Inc.

## Gentlemen:

The undersigned attorney herewith encloses the following:

- 1. Resignation of Registered Agent.
- 2 New Registered Agent form.
- 3. My client's check totaling the sum of \$122.50 to cover the cost of the filing of the documents.

Please file and indicate the change of the Registered Agent in your files.

If you have any questions, please call my office.

HELDON R ROSENTHA

SRR/lid Enclosures

cc: Sundeep Chawla

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION OCT 30 PM 4: | |

SECRE LANGUE STATE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Florida Statutes, the undersigned, Florida Statutes, the undersigned, (Name of Registered Agent)
hereby resigns as Registered Agent for (Name of Corporation)
(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.
(Signaturé of Résigning Agent)
If signing on behalf of an entity:
Typed or Printed Name)  (Typed or Printed Name)
Gracity) Hard

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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