P1300095848

| (Re | equestor's Name) | |
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| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

JUL 2 1 2015 T CANNON



July 2, 2015

ANA E ROSARIO AMERICAN TAX & PAYROLL SERVICES LLC 1015 SR 436 SUITE 105 CASSELBERRY, FL 32707 US

SUBJECT: CHENNAI LATIN RESTAURANT INC

Ref. Number: P13000095848

We have received your document for CHENNAI LATIN RESTAURANT INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 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) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 515A00013966



COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: CHENNAI LATIN RESTAURANT INC (Name of Corporation) DOCUMENT NUMBER: \$\int 13000095848\$ |
| 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: |
| ANA E ROSARIU (Name of Person) AMERICAN TAX x PAYNON SERVICES LLC (Name of Firm/Company) |
| 1015 5R 436 5/e 105 (Address) |
| Casselberry, Pl 32707 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Ana E ROSAR 10 at (407) 767-1647 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT₁₅ JUL 15 PM 2: 41 FOR A CORPORATION

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