

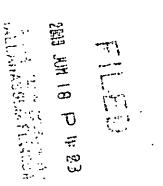
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Stantos Zital, Italia)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

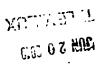
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Bill's Steak and Seafood,	Inc.
(Name of Corporat DOCUMENT NUMBER: P14000023087	ion)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
James A. Boatman, Jr. (Name of Person)	-
The Boatman Law Firm, P.A. (Name of Firm/Company)	-
3021 Airport Pulling Rd. N., Ste. 202	_
Naples, FL 34105 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
	294-2197
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, James A. Boatman, Jr. (The Boutman Law Firm, PA)
(Name of Registered Agent)
hereby resigns as Registered Agent for Bill's Steak and Seafood, Inc.
(Name of Corporation)
P14000023087
(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. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name) 25
me Boutman Low Firm, PA 00 (Capacity)
(Capachy)
الله الله الله الله الله الله الله الله
Fee for filing this document:
\$87.50 - Active Corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/