P1800016001

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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OCT 0 8 2019 S. YOUNG

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Uncle Pete's Caribbean Shack Inc
	(Name of Corporation)
DOC	UMENT NUMBER: P18000016001
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir
Please	e return all correspondence concerning this matter to the following:
Ped	dro Reyes
	(Name of Person)
Und	cle Pete's Caribbean Shack Inc
	(Name of Firm/Company)
499	West Beach Dr
	(Address)
Par	nama City, FL 32401
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Ped	dro Reyes
	(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active co 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen- Division Clifton 2661 I	Address: dment Section on of Corporations on Building Executive Center Circle classee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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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, Joseph W Doll	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Uncle Pete's Caribbean Shack	Inc
(Name of Corporation)	
P18000016001	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last	known addr
The agency is terminated and the office discontinued on the 31st day after the office statement is filed.	date on whic
	- 関係 - 単。
(Signature of Resigning Agent)	三
If signing on behalf of an entity:	
Oseph Doll	— (C)
(Typed or Printed Name)	
Vice Pies. Unt	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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