P93000040985

(Requestor's Name)				
(Ad	dress)			
(Address)				
·				
	ty/State/Zip/Phon	- *		
(Cil	ty/State/Zip/Filoti	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
•	•	ŕ		
	cument Number)			
(DC	cument Number)			
Certified Copies	_ Certificates of Status			
Special Instructions to	Filing Officer			
Opecial matractions to	r milg cilicer.			

Office Use Only



000065257520

02/06/06--01063--004 **87.50

06 FEB -6 AM 9: 26

RALESign.
02/10/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KATE O'BRIEN'S RESTAURANT & PUB, INC. (Name of Corporation)
DOCUMENT NUMBER: P 93 0000 409 85
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:
Leonano O'sullivani (Name of Person)
Name of Firm/Company)
(Name of Firm/Company)
42 W. CENTRAL BLYD. (Address)
ONLAW 20, FC 3780] (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (467) 648-4814 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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				509,
	TOWN CONROY (Name of Registered Agent)			
hereby resigns as Registered Agent for _	KATE	O'Snign Name of Corp	is 1225TAL	IRANT (PUB, INC
P 9 3 00 00 40 985 (Document Number, if known)				
A copy of this resignation was mailed to	the above listed	d corporation	n at its last known	n address.
The agency is terminated and the office d this statement is filed.	liscontinued on	the 31st day	/ after the date on	ı which
John (Sign	ature of Resigning	g Agent)		
If signing on behalf of an entity:		·		SECRET JIVISION O
(T)	yped or Printed Na	ame)		F CORPC
	(Capacity)			STATE)RATIO 9: 26

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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