P97000072093

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(200). 2 - 12 - 10			
PICK-UP WAIT MAIL			
(Duniages Salita Nama)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



000389868160

£1/22,52 H2000 E11 0000.50

2022 JUN 22 AM 8: 27

\$LUNCTVRY OF STATE
TALLAHASSEE, FLORIDA

FILED



COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	
	(Name of Corporation)
DOCU	JMENT NUMBER: P97000072093
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
SUSA	AN DONISI
	(Name of Person)
нм R	ESTAURANT GROUP LLC
	(Name of Firm/Company)
17100	SAFETY STREET #201
	(Address)
FT M	YERS, FL 33908
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
SUSA	an DONISI 239 691-7649 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MAI	RTIN J HARRITY
, 5	(Name of Registered Agent)
hereby resigns as Registered Agent for	THE BEACHED WHALE INC.
noted y resigns as regimered rigent for	(Name of Corporation)
P97000072093	
(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 this statement is filed.	e discontinued on the 31st day after the date on which
De	1-AA11 A
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
THE BEACHED WHA	LE INC
	(Typed or Printed Name)
PST	
	(Capacity)
	(
· · · · · · · · · · · · · · · · · · ·	ng this document:
	tive Corporation

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

withdrawn corporation