## L030000087300

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

SEURLIARY OF STATE TALLAHASSEE, FLORIDA



300029863023

03/05/04--01038--007 \*\*25.00

AL

## RAMSEY W. DULIN

ATTORNEY AT LAW

FILED
04 HAR -5 PH 12: 27 EMAIL - rwd@intellistar.net FAX (407) 423-2136

CAPITAL PLAZA SUITE 425 201 E PIÑE STREET ORLANDO, FLORIDA 32801-2717

2 March 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: Chef ARTernatives Catering, LLC

Dear Correspondent;

Enclosed please find for filing the following:

- 1. Original signed Resignation of Member, Managing Member or Manager.
- 2. Check No.:1099 in the amount of \$25.00 the fee for filing.

Please call if there is anything further you may require regarding the above referenced.

Thank you in advance for your attention to this matter.

Yours truly,

Assistant to Mr. Dulin

SLO/slo

Enclosures: As Stated Above

FILED

04 MAR - 5 PH 12: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SHIGEO NAKAGOSHI	, hereby resign as <u>Mer</u>	nber & Managing Member (Title)
of Chef ARTernatives Catering, (Limited Lie	L.L.Cability Company)	
a limited liability company organized under the	laws of the State of Flor	cida,
and affirm that the limited liability company ha	s been notified in writing o	f the resignation.
An S	n	

## FILING FEE IS \$25.00

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