

L 20000164104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

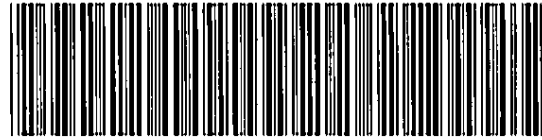
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Papa T'streak house, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: _____, L20000164104.

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Gomez
Name of Person

Name of Firm/Company

YPR 14132 Sweetbriar Ct.
Address

Brooksville, Florida, 34613
City/State and Zip Code

Aedecor.11c@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Gomez at (813) 210-3031
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Papa T'S Stearhouse LLC.

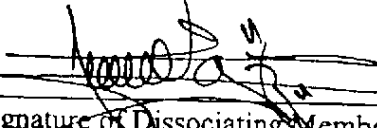
2. The Florida document/registration number assigned to this limited liability company is:
200002300903, 20000164104.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)