## k22000069761

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Warne)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800385498488

05/16/22--01037--009 \*\*55.00

2022 HAY 16 AH 11: 17

nontoro coer A

## **COVER LETTER**

Divis	sion of Corporations			
SUBJECT:	PUZZLE COFFEE SHOP & C	CHIMNEY CAKE LLO		
JOBOLO II	(Name of Limited Liability Company)			
The enclosed	d member, resignation or d	issociation and fee	(s) are submitted fo	or filing.
Please return	all correspondence conce	rning this matter to	:	
MADELYN C	OLORADO			
	(Contact Person)		<del></del>	
PUZZLE COF	FEE SHOP & CHIMNEY CAK	E LLC		
	(Firm/Company)		<u>.                                    </u>	
	2424 W BRANDON BLVD	NUM 1219		
	(Address)		- <del>-</del>	2022
	BRANDON, FL 33511			
	(City/State and Zip Code)	<u> </u>	<del></del>	5
For further in	nformation concerning this	s matter, please call	l:	
MADELYN C	OLORADO	813 at (	508 2453	F. 二
(N	fame of Contact Person)		le & Daytime Teleph	one Number)
Enclosed ple  ☐ \$25 Filing	ease find a check made pay g Fee		Department of Stating Fee & Certified	
Regis	ng Address: stration Section sion of Corporations		Street Address: Registration Sect Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

**TO:** Registration Section



## 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)

I. The name of the limited liability company as of State is: PUZZLE COFFEE SHOP & CHIMNE	VCAVELLC	ida Department
2. The Florida document/registration number as 88-0615366		·
3. The date this member/manager withdrew/res 4. 1, MADELYN COLORADO		
(Print Name of Person Resigning)  MBR		
(Print Title)  of this limited liability company and affirm the resignation in writing.	ne limited liability company has been	notified of my
Signature of Dissociating Member or Resig	zning Manager	
Filing Fee: \$25.00 (Required)	<u></u>	

Certified Copy:

\$30.00 (Optional)