Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000304881 3)))



H200003048813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:						
	Division of Corporations					
	Fax Number	; (850)617-6383				
From:						
	Account Name	: ARIMIR SERVICES GROUP LLC				
	Account Number	: 120200000022	2020			
	Phone	: (305)420-5722	20			
	Fax Number	; (305)643-5225	\sim			
	• • • • • • • • • • • • • • • • • • • •		SEP			
			ŀ			
**Ent	er the email add:	ress for this business entity to be	used for Puture			
		ilings. Enter only one email addres				
	·	-	U			
	Email Address:					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H&TFF RESTAURANTS FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

17 GH F 21-

4200003048813



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 a	as it appears on the rec	ords of the Floric	da Depa	ırtment
of State is: H&T	FF RESTAURANTS FLORIDA	LLC			 ·
2. The Florida docs	ument/registration number a	assigned to this limited	l liability compar	ıy is:	
3. The date this me	mber/manager withdrew/re	signed or will withdra	w/resign is:	/2020	
4. I, CINTIA SOLIS (Print N	ame of Person Resigning)	, hereby withdra	w/resign as a		
MANAGER				~~	₹0
(Print Title)			2020	
resignation in wri	oility company and affirm the ting. sociating Member or Resignation		npany has been n	Sign -2 P 1: 2b	of my
-	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				