

LD202010017
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF DEBORAH ROSE TRACY, PA
Account Number : T26080000024
Phone : (813) 765-8344
Fax Number : (813) 569-1798

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POLK PIZZA, LLC**

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 27 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POLK PIZZA, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah Tracy

(Contact Person)

Law Offices of Deborah Rose Tracy PA

(Firm/Company)

PO Box 101

(Address)

Valrico, FL 33595

(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Tracy at 813 314-2133
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

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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)

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TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: POLK PIZZA, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L02000010017
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 1, 2018
4. I, MONA KAZBOUR, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER AND MANAGER
(Print Title)

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

X [Signature]
Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)

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