L03000020515

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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EXAMINER



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SECRE TARY OF STATE



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2. This limited liability company was organized under the laws of: State of Florida 3. The Florida document/registration number of this limited liability company is: L03000020515 4. I, Graciela L. Ring (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager		mited liability company as it wood Restaurant Gro		of the Florida Departmen
3. The Florida document/registration number of this limited liability company is: L03000020515 4. I, Graciela L. Ring (Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager			nder the laws of:	7000 JUN - L SECRETARY TALLAHASSE
(Print Name of Person Resigning) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager		•	nis limited liability com	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Resigning Member, Managing Member or Manager			, hereby resign as a _	Manager (Print Pule)
	of this limited liabil resignation in writin	ity company and affirm the l		,
	Signature of Resign		nber or Manager	
The state of the s	Filing Fee: Certified Copy:	\$25.00 (Required)		