

205000113103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

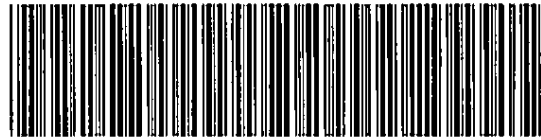
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANFILIPPO HOLDINGS, 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:

ANDREW SANFILIPPO
(Contact Person)

(Firm/Company)

8493 BAYMEADOWS WAY
(Address)

JACKSONVILLE, FL 32250
(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREW SANFILIPPO at (904) 333-1817
(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

FILED
2018 OCT 22 PM 3:04
TALLAHASSEE, FLORIDA
FEDERAL BUREAU OF INVESTIGATION



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: SANFILIPPO HOLDINGS, LLC

2. The Florida document/registration number assigned to this limited liability company is: L05000113103

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-15-2018

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

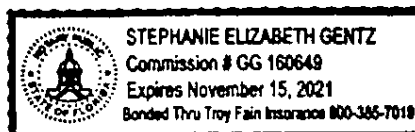
PRESIDENT

(Print Title)

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

Judy Sanfilippo
Signature of Dissociating Member or Resigning Manager

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



STATE OF FLORIDA
COUNTY OF DUNAL

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON
THIS 15TH DAY OF OCTOBER 2018 BY Judy Sanfilippo.
X PERSONALLY KNOWN

CR2E079 (2/14)

Stephanie Elizabeth Gentz
STEPHANIE ELIZABETH GENTZ

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TALLAHASSEE, FLORIDA