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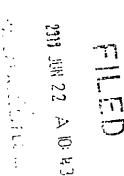
(Requestor's Name)				
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06/20/1895

COVER LETTER

·	
SUBJECT: Jenny 5 Lunchbox # / (Name of Limited Liability Company)	LLC
The enclosed member, resignation or dissociation and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to:	
David Raney (Contact Person)	
The Lunchbox (Firm/Company)	
295 N Magnolia Dr.	: 13
Tallaharsee FC 32301 (City/State and Zip Code)	M JIN 22
For further information concerning this matter, please call:	. A
(Name of Contact Person) at (150) 273— (Area Code & Daytime Teleph	hone Number)
Enclosed please find a check made payable to the Florida Department of Sta \$25 Filing Fee & Certified	te for:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Flo	ction porations

CR2E079 (2/14)

Tallahassee, Florida 32301



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 record	s of the Florida D	enartme	nt
	Jenny's U	• •			_·
	ument/registration number as L0600108	-	ability company is	:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/r	resign is:	<u> </u>	018
4. I. 305 N	Snyder 'ame of Person Resigning)	, hereby withdraw/	resign as a	1	
	(Print Title)				
of this limited lia resignation in wr	hility company and affirm the	e limited liability compa	any has been notif	ied of m	ıy
Signature of D	ssociating Member or Resign	ning Manager	:	2318	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			JUH 22 A	
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