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(9	equestor's Name)	
(146	equestors Name,	
(Ac	ldress)	
(Address)		
(Ci	ty/State/Zip/Phone	e #)
		MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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J. SAULSBERRY EXAMINER NFC 12 2012

COVER LETTER

TO: Registration Section Division of Corporations

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Pasha's Franchising LLC (Name of Limited Liability Company) SUBJECT:

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

Please return all correspondence concerning this matter to:



For further information concerning this matter, please call:

<u>Abig gil Watts - 17+25 eraldat</u> (305), 854 - 0800 (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 \$\$

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Certified Copy

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Pasha's Franchising LLC.

2. This limited liability company was organized under the laws of:

Florida.

3. The Florida document/registration number of this limited liability company is:

LO7 000 02 7021.

4. I, <u>Nicolas Cortes</u>, hereby resign as a <u>Manager</u> (Print Name of Person Resigning) (Print Title)

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

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)



CR2E079 (5/06)