L07000027780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

800139450528

01/12/09--01011--015 **55.00

Reo.
L07-27780
CC

FILED
09 JAN 12 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

JAN 13 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYPORT FOOD STORE, L.L.C.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

GEORGE KHOURI
(Contact Person)

MAYPORT FOOD STORE, L.L.C.
(Firm/Company)

2550 MAYPORT ROAD
(Address)

ATLANTIC BEACH, FL 32233
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE KHOURI at (904) 249-1040
(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 (5/06)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
09 JAN 12 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MAYPORT FOOD STORE, L.L.C.

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

3. The Florida document/registration number of this limited liability company is:
L07000027780

4. I, MARWAN ATALLAH, hereby resign as a MGRM
(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: $25.00 (Required)
Certified Copy: $30.00 (Optional)

STATE OF FLORIDA
COUNTY OF Duval
The foregoing instrument was acknowledged before me this 9 day of Jan 20 09
by Marwan Atallah
☐ PERSONALLY KNOWN TO ME
☑ PRODUCED AS IDENTIFICATION
FL DL A340 540 58 368 0
Type of identification

CR2E079 (5/06)

LaSonia Long
Commission DD 709086
Expires August 28, 2011
Bonded Thru Troy Fain Insurance 800-385-7019