L0700030039	
(Requestor's Name) (Address) (Address)	900197245009
(City/State/Zip/Phone #)	03/11/1101012010 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	<b>FILED</b> <b>11 MAR 21 PH 4: 11</b> SECRETARY OF STATE FALL AHASSEE, FLORIDA
Office Use Only	<b>J. BRYAN</b> MAR <b>2 2</b> 2011



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2011

ARNOLD FURSTEIN FURST FLORIDA FOOD MANAGEMENT, LLC 6586 HYPOLUXO RD. #284 LAKEWORTH, FL 33467

SUBJECT: FURST FLORIDA FOOD MANAGEMENT, LLC Ref. Number: L07000030039

We have received your document for FURST FLORIDA FOOD MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 511A00006117

FILEU FILEU HIMAR 21 PH 4: 11

(2.5) BRITO (19. LEFT) RECEIPTING FREE CONTRACTION OF CONTRACT OF CONTRACT.

## www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: FURST FLORIDA FOOD MANALEMENT LLC (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:

AZROLD FURSTEIN (Contact Person)

FUNST FLOMDA FOOD MAUAGENTERT UCC

6536 Hypoluxo 12) # 284 (Address)

AHE WON'TH FL. 33467 (City/State and Zin Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (<u>561</u>) <u>350-5367</u> (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: FLAST FLORIDA FOOD MAUNCENTING UCC.

HAR 2

PM L:

(Print Title)

- 2. This limited liability company was organized under the laws of: <u>FLOUDA</u>
- 3. The Florida document/registration number of this limited liability company is:

07000030039

4. I, <u>TUE FORGER</u>, hereby resign as a <u>Mb</u> (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

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

CR2E079 (5/06)