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(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	//State/Zip/Phone	ə #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Some Good (Name of Limite	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Andrew D'Ange (o	
Some Good Grub, LLC	-0-17-0-0-1 - 17-1 700 -
641 W. Kaley Street	
(Address) Orlando, FL 32805 (City/State and Zin Code)	
(City/State and Zip Code) For further information concerning this matter,	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	Some Good Grub, LLC		of the Florida Department
	oility company was organized under	the laws of:	
3. The Florida doca	ument/registration number of this li	mited liability comp	pany is:
4. I,	tophor Soto , 1 Name of Person Resigning)	hereby resign as a _	Member / Munayer
resignation in wr	bility company and affirm the limit riting. Wistopher St.	ed liability company	has been notified of my
	igning Member, Managing Member	r or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		