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## **COVER LETTER**

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Enclosed please find a check made payabase \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Terri Lowe	at (407) 343-9067 (Area Code & Daytime Telephone Number)		
For further information concerning this n	natter, please call:		
(City/State and Zip Code)		ATE SRIDE	
Kissimmee FL	34741	PM 3: 53 OF STATE E, FLORIDA	
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328 W 1 ale St		ASS.	<u> </u>
(Firm/Company)		SEC 19	
Passons Accounting			
(Contact Person)	<del></del>		
Please return all correspondence concerni	ing this matter to:		
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.		
SUBJECT: M'S Wings of Move (Name of	Limited Liability Company)		
TO: Registration Section Division of Corporations			
	e Hissimmee LLC		

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

CR2E079 (2/14)

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



## 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 records of the	Florida Department
of State is:	Pg's Wings & More K	issimmee LLC	•
2. The Florida doc	ument/registration number as	signed to this limited liability of	company is:
1070	00116486		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is	s: July 22, 2016
4. I, <u>Kekha</u>	()	, hereby withdraw/resign a	
_Manage	(Print Title)		
of this limited lia resignation in wi		e limited liability company has	been notified of my
Rekho Re	rmdas	····	A SE CAHAS
Signature of D	issociating Member or Resign	ning Manager	LED Y OF S SEE, FL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		J 3: 53 STATE LORIDA