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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #	9
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)
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Certified Copies	Certificates o	f Status
		<u> </u>
Special Instructions to Filin	g Officer:	





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noite resignation

COVER LETTER

	egistration Section vivision of Corporations			
SUBJEC	GREATHOUSE GOURMET	LLC		
		ited Liability Con	npany)	
The enclo	osed member, resignation or dissoci	ation and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning	this matter to:		
DANIEL	LE K. LEE			
	(Contact Person)		-	
GREAT	HOUSE GOURMET LLC			
	(Firm/Company)		-	
16314 S	SW 48 STREET			
	(Address)		-	
MIRAMA	AR, FL 33027			
	(City/State and Zip Code)		•	**** **** gr**
For furth	er information concerning this matt	er, please call:		AND THE
DANIEL	LE K. LEE	954 at (447-8393	2
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number	
Enclosed \$25 Fi	please find a check made payable t ling Fee		epartment of State for: Fee & Certified Copy	سهٔ دین این این ا
STREET	C/COURIER ADDRESS:		MAILING ADDRESS:	

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



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 ap of State is: GREATHOUSE GOURMET LLC	opears on the records of the Florida Departmen	nt
2. The Florida document/registration number assign L08000029136	ned to this limited liability company is:	
3. The date this member/manager withdrew/resigner 4. I, TANYA ROBERTS (Print Name of Person Resigning) MEMBER		ر دويمندي د د د ممسيو معمودي معمودي
of this limited liability company and affirm the lin resignation in writing. Signature of Dissociating Member of Resigning		y C

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)