L08000046521

· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	-	





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SECRETARY OF STATE

T. HAMPTON

NOV 1 8 2008

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Hot off the Grill	
(Name	of Limited Liability Company)
The enclosed member, managing mem filing.	iber or manager resignation and fee(s) are submitted for
Please return all correspondence conce	erning this matter to:
Lisa A. Brown, President	
(Contact Person)	
Hot Off The Grill, Inc. LLC.	
(Firm/Company)	
1670 S. Hiawassee Road A	pt. 13
(Address)	
Orlando, FL. 32835	
(City/State and Zip Code	:)
For further information concerning thi	s matter, please call:
Lisa A. Brown, President	at (407) 761-8477
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pa	yable to the Florida Department of State for:
▼ \$25 Filing Fee	\$55 Filing Fee &
<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as Off The Grill	it appears on the record	ls of the F	lorida	Department		
2. This limited liab Florida	ility company was organized	d under the laws of:					
3. The Florida docu	ument/registration number o	f this limited liability co	mpany is:	:			
_{4. I,} Lisandra Reyes		herehy resign as s	, hereby resign as a VP				
(Print Name of Person Resigning)		, nereby resign as a	(Print Title)				
	bility company and affirm th	ne limited liability compa	any has bo	een not	tified of my		
Signature of Resi	gning Member, Managing N	Member or Manager					
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SECRETARY OF TALLAHASSEE, F	2009 NOV IT A			
CR2E079 (5/06)			STA	***************************************			