## L08000112746

Monique Evans (Requestor's Name)				
Snyder Restaurant Gray  (Address)				
2829 Bird Ave. Stell2 (Address)				
Coconut Grove, FT 3313 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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10 NOV 24 AM 8: 48

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records	
of State is: St	ayder Restaura	ant Group LLC	<u> </u>
2. This limited liab	oility company was organiz	zed under the laws of:	
	109	<del></del> •	
	ument/registration number	of this limited liability com	pany is:
4. 1, <u>Tom</u> <u>I</u> (Print N	-vgcr5011 'ame of Person Resigning)	, hereby resign as a _	Manager (Print Tille)
of this limited lial resignation in wr		the limited liability company	y has been notified of my
Tology	4		
Signature of Resi	igning Member, Managing	g Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		