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(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies					
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 FFR 15 AM II: LO

COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ	ECT:	Gumbo Ya-Ya's LLC		
		(Name of Limi	ted Liability Cor	npany)
The er	nclosed	l member, résignation or dissocia	ition and fee(s	s) are submitted for filing.
Please	e return	all correspondence concerning t	his matter to:	
Timo	thy Sh	ippee		
		(Contact Person)	<u>,</u>	
Hatha	away 8	& Reynolds, PLLC		
		(Firm/Company)		_
50 A	1A Noi	rth, Suite 108		
	,	(Address)		_
Ponte	e Vedr	a Beach, FL 32082		
		(City/State and Zip Code)		·
For fu	rther ir	nformation concerning this matte	r, please call:	
Timo	thy Sh	ippee	904 at (280-5526
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable to Fee		Department of State for: 3 Fee & Certified Copy
		OURIER ADDRESS: Section		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
Clifton	n Build	ling		P.O. Box 6327
		ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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 t	he limited liability company as it	t appears on the records of the Florida Department
of State is:	umbo Ya-Ya's LLC	·
2. The Florida do	_	igned to this limited liability company is:
3. The date this i	nember/manager withdrew/resig	ned or will withdraw/resign is: 2/14/2018
4. I,	Alley	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited resignation in		limited liability company has been notified of my
Signal	re Willy	ing Managan
Signature of	Dissociating Member or Resign	ing ivianager
Filing Fee:	\$25.00 (Required)	- -

\$30.00 (Optional)

Certified Copy: