(Requ	estor's Name)	<u> </u>
(Addre	ess)	
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

AAD AAD

T. LEMIEUX

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Emporium, L. (Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
Cindy Kleinhans (Contact Person)	
The Emporium, UC (Firm/Company)	<del></del>
904 Clearwater-Large Rd. N	<u>S.</u>
Large   FL 33770 (City/State and Zip Code)	
For further information concerning this matter	; please call:
(Name of Contact Person)	at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  □ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

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 appears on the records of the Florida	a Department	
of State is:	a Emporium, ILC	·	
2. The Florida docu	ment/registration number assigned to this limited liability company	y is:	
1090000	156271		
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	31-2014	
4. 1, <u>Out a</u> (Print N	hereby withdraw/resign as a man of Person Resigning)		
(0-0wre	<b>Y</b> Print Title)		
of this limited lial resignation in wri	bility company and affirm the limited liability company has been noting.	D <sub>cc</sub> 1	
hut		5 FEB	•
Signature of Di	sociating Member or Resigning Manager	-3 PM ARY OF SSEE, I	
Filing Fee:	\$25.00 (Required)	1 2: L	<u></u>
Certified Copy:	\$30.00 (Optional)		