

L09000072303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

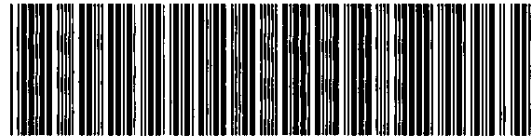
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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T. HAMPTON

SEP 16 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ENJOY TASTE, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MATTHEW GRACE  
(Contact Person)

ENJOY TASTE, LLC  
(Firm/Company)

3245 S. CHICKASAW TR.  
(Address)

ORLANDO FLORIDA 32829  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW GRACE at (321) 286-6081  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ENJOY TASTE, LLC
2. This limited liability company was organized under the laws of:  
FLORIDA
3. The Florida document/registration number of this limited liability company is:  
LO9000072303
4. I, JONATHAN SCHMEDINGHOFF, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Jonathan T. Schmedinghoff*  
(Signature of Resigning Member, Managing Member or Manager)

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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10 SEP 15 AM 11:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS