

L10000067896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

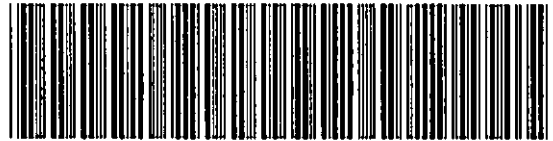
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/18/21--01047--004 **25.00

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2021 OCT 18 AM 11:17

NOTICE

NOTICE
OCT 31 2021

COVER LETTER

TO: Registration Section
Division of Corporations

MITCH'S FAMILY BAGEL RESTAURANT V. LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Mitchell Shidlofsky

(Contact Person)

MITCH'S FAMILY BAGEL RESTAURANT V. LLC

(Firm Company)

2310 Weston Road

(Address)

Weston, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Mitchell Shidlofsky

954

830-95409

at (_____) _____

(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 OCT 18 AM 11:17
TALLAHASSEE, FL
CLERK OF THE COURT



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 Department
MITCH'S FAMILY BAGEL RESTAURANT V, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L10000067896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2021
Jordan Shidlofsky

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Jordan Shidlofsky
Signature of Dissociating Member or Resigning Manager

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

FILED
2021 OCT 18 AM 11:17
TALLAHASSEE, FL
STATE OF FLORIDA