

#L10000073576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

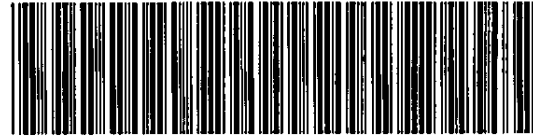
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700257898797

03/21/14--01007--010 **25.00

FILED
2014 MAR 21 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAR 25 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSSK Restaurant Group, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Scott C. Weber

(Contact Person)

(Firm/Company)

5919 Kendrew Drive

(Address)

Port Orange, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott C. Weber

(Name of Contact Person)

at ()

(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

3

#2012



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2014 MAR 21 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 of State is: SSSK RESTAURANT GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000073576

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____

4. I, Scott Pisani, hereby withdraw/resign as a 3-7-14
(Print Name of Person Resigning)

Member / MGRM
(Print Title)

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

X [Signature]
Signature of Dissociating Member or Resigning Manager

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

