L10000083813

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
• • •				
(Document Number)				
Certified Copies Certificates of Status				
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S. PRATHER

COVER LETTER

TO : 1	Registration Section Division of Corporations			
SUBJE	SUSHI PRIME, L.L.C.			
20bar	(Name of Limited Liability Company)			
The end	closed member, resignation or dissociate	tion and fee(s)	are submitted for filing.	
Please (return all correspondence concerning the	nis matter to:		
SCOTT	J. WEISELBERG			
	(Contact Person)			
KOPEL	OWITZ OSTROW, PA			
	(Firm Company)			
ı west	LAS OLAS BLVD, SUITE 500			
	(Aátress)			
FORT L	AUDERDALE, FL 33301		_	
	(City/State and Zip Code)			
For fur	ther information concerning this matte	r, please call:		
SCOTT	J. WEISELBERG	954 at (525-4100 	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	ed please find a check made payable to Filing Fee	the Florida E	Department of State for: g 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	

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)

of State is: SUSHI PRIME, L.L.C.	
2. The Florida document/registration number	assigned to this limited liability company is:
L10000033813	
. The date this member/manager withdrew/n	esigned or will withdraw/resign is:
3. I, GEORGE VALANTASIS	, hereby withdraw/resign as a
(Print Name of Person Resigning)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MANAGER	
(Print Title)	
of this limited liability company and affirm resignation in writing.	the limited liability company has been notified of my
Due / datos.	
Signature of Dissociating Member or Res	igning Manager

\$25.00 (Required)

\$30.00 (Optional)

CR2E079 (2/14)

Filing Fee:

Certified Copy:

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