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03/24/22--01003--018

MAR 2 5 2022 I ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Spare Rib, LLC (Name of Limited I	Jability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Denise M. Smith, (Contact Person)	Esq.
(Firm/Company)	
3783 Harthelle	1 Rd.
(City/State and Zip Code)	2303
For further information concerning this matter, p	lease call:
Name of Contact Person) at (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the  \$25 Filing Fee	e Florida Department of State for: \$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

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## 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:	Spare Rib. LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L100	000130887
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{9 29 2}{2021}$
_	me of Person Resigning). hereby withdraw/resign as a
	Print Title)
resignation in wri	oility company and affirm the limited liability company has been notified of my ting.  ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)