

L11000033525

(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



500278816845

11/06/15--01004--003 \*\*25.00

RECEIVED  
SECRETARY OF STATE

15 NOV - 6 AM 8:37

10 AM 8:41  
SUFFICIENT FOR FILING

FILED

2015 NOV - 6 A 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 06 2015

BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UP IN SMOKE BBQ 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:

ROH9, FRANK  
(Contact Person)

402 E TENNESSEE ST  
(Firm/Company)

TALLAHASSEE, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID RANEY at (850) 273-1111  
(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

2015 NOV -6 A 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: UP 14 SMOKE BBQ LLC

2. The Florida document/registration number of this limited liability company is:

L11000033525

3. The date this member withdrew or will withdraw is: 8-7-2015

4. I, JEFFERSON B. BOLIN, hereby resign as a MANAGER  
(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.

[Signature]  
Signature of Resigning or Dissociating Manager, Member

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV -6 A 8:41

FILED