

7/2/2014

L11000038828

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROBERT GRAHAM CPA & ASSOC.
Account Number : I20070000089
Phone : (813) 260-4103
Fax Number : (813) 909-8803

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TWO FINE IRISHMEN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Diss/Resign.

7-3-14

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWO FINE IRISHMEN, 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:

ROBERT GRAHAM CPA
(Contact Person)

ROBERT GRAHAM CPA LLC
(Firm/Company)

1518 NORWICK DRIVE
(Address)

LUTZ, FL 33559
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT GRAHAM CPA at 813 501-5513
(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

CR1E079 (2/14)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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 of State is: TWO FINE IRISHMEN, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000038828

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/30/2014

4. I, ANDREA JORDAN hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

Andrea Jordan
Signature of Dissociating Member or Resigning Manager

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

CR25079 (2/14)

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