## L11000117795

(Requestor's Name)					
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B. BOSTICK
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EXAMINER

## **COVER LETTER**

TO:

Tallahassee, Florida 32301

CR2E079 (5/06)

	on Section of Corporations		•		
	IREE KITCHENEERS				
SCEGECT:	(Name of I	Limited Liability Co	ompany)		
The enclosed mer filing.	mber, managing member	or manager resi	gnation and fee(s) ar	re submitted	for
Please return all o	correspondence concerni	ng this matter to	:		
MEGAN GREE	NBERG				
	(Contact Person)	(man v )	<del>_</del>		
_attau	ag inc			(	
	(Firm/Company)			7	22 22 34 34
238 S. LINKS A	WE			DARAS.	TELS DEC 1
	(Address)			200	ယ
SARASOTA FL	34236			, 5: 0kl0	Pi 4:
	(City/State and Zip Code)		<del>_</del>	<u> </u>	կ։ 55
For further inform	nation concerning this m	atter, please call	:		
MEGAN GREE		941	228-5357		
(Name	of Contact Person)		le & Daytime Telepho	ne Number)	
_	and a check made payabl \$25 Filing Fee		Department of State \$55 Filing Fee & Certified Copy	for:	
STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, Florid	on erations	



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	nited liability company as it E KITCHENEERS LLC	appears on the records	of the Florida	Depar	tment 
2. This limited liabilit	y company was organized u	under the laws of:	MLLAHASS	2615 DEC 113	·· ·
L11000117795	ent/registration number of t	his limited liability con	npany is: [7]	) Fii 4: 55	
4. I, MEGAN GRE	ENBERG 	, hereby resign as a	MANAGER (Print Ti		
of this limited liability resignation in writing	ty company and affirm the		,		of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				