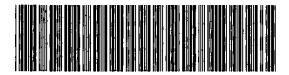
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: ANDY AND FRANK, LLC	ANDY AND FRANK, LLC				
(Name of Limited Liability Con	npany)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:					
John W. Frost, II					
(Contact Person)	-				
Frost Van Den Boom, P.A.					
(Firm/Company)	-				
395 South Central Avenue					
(Address)	-				
Bartow, FL 33830					
(City/State and Zip Code)	-				
For further information concerning this matter, please call:	•				
John W. Frost, II 863	533-0314				
	& Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Pepartment of State for: Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 CR2E079 (2/14)	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				



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)

	limited liability company as DY AND FRANK, LLC	it appears on the records of the F	Florida	Depart	ment
2. The Florida docu L1200002924	_	signed to this limited liability co	mpany	is:	
		gned or will withdraw/resign is:		1-18	. <i>STR</i>
4. I, Fotios Papadopoulos, hereby withdraw/resign a, hereby withdraw/resign a,			a		
(Print N Manager	ame of Person Resigning)				
	(Print Title)				
of this limited lia resignation in wr		e limited liability company has b	een not	25	ſmy
Signature of Dissociating Member or Resigning Manager		ling Manager	a Ti	III FEB	MATA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PG P	जिल्हा १