L12000053694

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number	
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

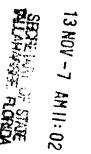
Office Use Only



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DEPARTMENT OF STATE





NOV - 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GABS SEN SEAF	Gob Manket LLE Liability Company)	
(realite of Elitability Company)		
The enclosed member, managing member or matfiling.	nager resignation and fee(s) are submitted for	
Places return all correspondence concerning this	motter to:	
Please return all correspondence concerning this	matter to:	
MENGENE MEKONNEN	<u> </u>	
(Contact Person)		
GANSDEN SEAFORD MA	nKET	
(company)		
1300 WEST SEFFERSON	· Spect	
(Address)		
City State and Zip Code)	32351	
For further information concerning this matter, p	dease call:	
MENDELE MEKONNEW at (Name of Contact Person)	(407) 625-5796 (Area Code & Daytime Telephone Number)	
	71.11.7	
Enclosed please find a check made payable to the \$25 Filing Fee	\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Evecutive Center Circle	Tallahassee Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: (SA) SUEN SEAFOOL	opears on the records of the Florida Department
2. This limited liability company was organized und	Her the laws of: DEN SEAFOOD MARKET
3. The Florida document/registration number of this 4/2000053694	s limited liability company is:
4. I, MENDERE MEKONNAN (Print Name of Person Resigning)	, hereby resign as a M&RM (Print Title)
of this limited liability company and affirm the linguistic resignation in writing	nited liability company has been notified of my
Signature of Resigning Member, Managing Mem	ber or Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)

13 NOV -7 AM II: 02