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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bodoie I's Tavern In the Country, 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:
Sharon SlanKarch (Contact Person)
Boobie I's Towern In the Country, LLC (Firm/Company)
123 Elm 57 (Address)
Pensacola, FL 32506 (City/State and Zip Code)
For further information concerning this matter, please call:
Sharon Slankord at (850) 232-3983 (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 \$\sum \\$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

CR2E079 (2/14)



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 l	limited liability company as it appears on the records of the Florida Department	Ĺ
of State is: 132	obbieT's Tavern In the Country, UC.	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
L120601	04194	
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 12 32 15	
4.1, Skaron (Print No	lame of Person Resigning)	Tally Street
man again	10 Member .	
of this limited liab resignation in wri	member. (Print Title) bility company and affirm the limited liability company has been iting.	محمدن
Shours	Sorkend	
Signature of Dis	ssociating Member or Resigning Manager	
•	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	