L13000030396

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COVER LETTER

Division of Corporations	
SUBJECT: Orlando Bar Gran (Name of Limited Liability C	ompany)
The enclosed member, managing member or manager resfiling.	ignation and fee(s) are submitted for
Please return all correspondence concerning this matter to	o:
Contact Person)	
Orlando Box Group LLC (Firm/Company)	
68 E. Pine St (Address)	
Orlando FL 32801 (City/State and Zip Code)	
For further information concerning this matter, please cal	1:
Logen Barkahit at (944 (Name of Contact Person) (Area Coo) ఆడ్డి క్రివే de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	Department of State for: \$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 (5/06)



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 line of State is:	mited liability company as it a	opears on the records of	f the Florida Dep	artment
2. This limited liabili	ty company was organized und	ler the laws of:		
3. The Florida docum	nent/registration number of this	s limited liability comp	any is:	
4130000	30396	<u>_</u> .		
4. I, Roundon (Print Nan	e of Person Resigning)	_, hereby resign as a _	MGR (Print Title)	
of this limited liabil resignation in writi	ity company and affirm the ling.	nited liability company	has been notified	d of my
1/	1			
Signature of Resign	ning Member, Managing Mem	ber or Manager	-	ø
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			SECRETARY OF A 13 AUG 22 PH