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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cornfed Concepts, 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:
Shery 1 Hunter, Esq. (Contact Person)
Hunter Business Lan (Firm/Company)
119 S. Dakota Ave.
Tampa, FL 33/10/0 (City/State and Zip Code)
For further information concerning this matter, please call:
Shory 1 Hunter at (813) 807-2040 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 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)

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1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	omfed Concepts, LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L130000	36663
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: May 22, 2017
4. I, Bryan (Print N	3. Buckenheimer, hereby withdraw/resign as a ame of Person Resigning)
Manage	(Print Title)
of this limited liab	cility company and affirm the limited liability company has been notified of my sting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)