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| (Requestor's Name) |
| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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| Bernard Dougherty |
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Office Use Only



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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 l | imited liability company a | as it appears on the | records of the Fl | lorida Departme | ent |
|--|---------------------------------------|-----------------------|--------------------------|--------------------|-----|
| of State is: | HARK BITE S | urf side | EATS An | 1 SHAVE | ICK |
| | | | | 5/4 | 4CK |
| | lity company was organize | ed under the laws o | f: | | F . |
| -FZOZI | dA | · | | EC 23 | |
| | | | | *** *** | · |
| 3. The Florida docum | ment/registration number | of this limited liabi | lity company is: | | |
| L13000 | 044535 | · | | 2:50 | |
| 4. I, Bellin Na | M DoubHmen me of Person Resigning) | , hereby resi | gn as a <u>MAN</u> (/ | A-5/E-Print Title) | - |
| of this limited liab resignation in writ | ility company and affirm ting. | he limited liability | company has be | en notified of m | ıy |
| | all | 7 | | | |
| Signature of Resig | ning Member, Managing | Member or Manage | er | | |
| Filing Fee: | \$25.00 (Required) | | | | |

Certified Copy:

\$30.00 (Optional)