## L13000062602

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CAKE-A-TU, LLC (Name of Limited Liabi	ility Company)
	, -
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to:
JENNIFER BLACKWOOD	
(Contact Person)	
CAKE-A-TU, LLC	
(Firm/Company)	
5000 US HIGHWAY 17, STE 18 #144	
(Address)	
FLEMING ISLAND, FL 32003	
(City/State and Zip Code)	·
For further information concerning this matter, pleas	se call:
JENNIFER BLACKWOOD 90	
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl  ■ \$25 Filing Fee  □ \$55	orida Department of State for: 5 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)



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department E-A-TU, LLC
2. The Florida doce	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
MHITNEY M	
(Print N	ame of Person Resigning)
MANAGER M	IEMBER
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Whitn	er Williams
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30,00 (Optional)