L170000 84592

| (Re | equestor's Name) | | | |
|---|------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | | |
|--|---------------------|---|--|--|--|
| SUBJECT: Jimmy's Franchising LL | C | | | | |
| (Name of Limited Liability Company) | | | | | |
| The enclosed member, resignation or di | ssociation and fee | (s) are submitted for filing. | | | |
| Please return all correspondence concer | ning this matter to | : | | | |
| Shyam Mundra | | | | | |
| (Contact Person) | | | | | |
| (Firm/Company) | | | | | |
| 12113 Wasatch Ct | | <u></u> | | | |
| (Address) | | | | | |
| Tampa, FL | | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this | matter, please call | : | | | |
| Shyam Mundra | 813 | 391-3990 | | | |
| (Name of Contact Person) | (Area Cod | le & Daytime Telephone Number) | | | |
| Enclosed please find a check made paya \$25 Filing Fee | | Department of State for: g Fee & Certified Copy | | | |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| Clifton Building | | P.O. Box 6327 | | | |
| 2661 Executive Center Circle | | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | | | |

CR2E079 (2/14)

TO: Registration Section



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)

| | limited liability company as my's Franchising, LLC | it appears on the records of the l | Florida Department |
|--------------------------------|--|--|--------------------|
| 2. The Florida doct | • | signed to this limited liability co | ompany is: |
| 3. The date this me | dra | igned or will withdraw/resign is:, hereby withdraw/resign as | 3 🚉 🔀 |
| | lame of Person Resigning) | , nereby withdraw/resign as | G-I AM |
| | | e limited liability company has b | 108 9. C |
| Signature of D | issociating Member or Resign | ning Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |