# L13000087201

| (Requestor's Name)                      |  |  |  |  |  |
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| (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: |  |  |  |  |  |
| Special instructions to 1 ling Officer. |  |  |  |  |  |
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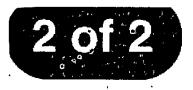
SECRETARY OF STATE

N. Outilgan JUL 1 6 2013

#### **COVER LETTER**

| TO: Registration Section Division of Corporations                       |   |
|---|---|
| SUBJECT: Munch!'S Express (Name of Limited Liability)                   | LLC<br>Company)   |
| The enclosed member, managing member or manager refiling.               | signation and fee(s) are submitted for                          |
| Please return all correspondence concerning this matter t               | <b>o</b> :  |
| Advian E de Sanchis<br>(Contact Person)                                 |   |
|   | <u> </u>  |
| (Firm/Company)  |   |
| 302 Lake Drive  | <u> </u>  |
| Orlando, Fl 32835<br>(City/State and Zip Code)                          |   |
| For further information concerning this matter, please ca               | II:   |
| Advian de Sanetis au (407) (Name of Contact Person) (Area Co            | ode & Daytime Telephone Number)                                 |
| Enclosed please find a check made payable to the Florida S25 Filing Fee | a Department of State for:  ☐ \$55 Filing 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 Talluhassee, Florida 32301                 | Tallahassee, Florida 32314                                      |

CR2E079 (5/06)





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SECRETARY OF STATE. TALLAHASSEE, FLORIDA

### 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 of State is:           |                       |                       | • •                           | s of the Florida Department |
|---|-----------------------|-----------------------|-------------------------------|-----------------------------|
| 2. This limited liab                      | - •                   | ny was organize       | d under the laws of:          |                             |
| 3. The Florida doct                       |                       |                       | of this limited liability con | mpany is:                   |
| 4. I, Adrian (Print N                     | E de<br>ame of Person | Sanctis<br>Resignings | , hereby resign as a          | MGRM<br>(Print Title)       |
| of this limited liab<br>resignation in wr |                       | nny and affirm th     | ne limited liability compa    | any has been notified of my |
| _ Chlisa                                  | E                     | de                    | aut/s                         |                             |
| Signature of Resi                         | gning Mem             | oer, Managing f       | Member or Manager             |                             |
| Filing Fee:                               | \$25.00 (             | Required)             |                               |                             |
| Certified Copy:                           |                       | • •                   |                               |                             |