## 2/3000107941

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
<b>V</b>	,			
	101 1 177 1791	. 40		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
<b>\</b> =	•	,		
	cument Number)			
(D0	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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## **COVER LETTER**

CR2E079 (5/06)

<b>TO:</b> Registration Section Division of Corporation	ns				
SUBJECT: YOUR WAY	Vending (Name of Limite	Ser vices d Liability Compa	NC any)		<del>-</del>
The enclosed member, managin filing.	ng member or m	nanager resigna	ation and fee(s) are s	ubmitted	l for
Please return all correspondence	e concerning th	is matter to:			
Kristen DyA (Contact Pe	erson)				
Your Way Vending (Firm/Com	Services pany)	112		· .	r-3
13535 Lourty (Address	Road 127			7   Tr   Tr   Tr   Tr   Tr   Tr   Tr   Tr	2919 (25)
SAN derson Fl. (City/State and	32087 Zip Code)				6 FH 3
For further information concern	ning this matter,	, please call:		1. 17. j.	9
(Name of Contact Pers	son)	at ( <u><b>904</b></u> ) (Area Code &	813 - 2479 Daytime Telephone	Number)	_
Enclosed please find a check m	• •	-	partment of State for 5 Filing Fee & Certified Copy	r:	
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building	ESS:	R D P	MAILING ADDRE Registration Section Division of Corporat 2.O. Box 6327	ions	
2661 Executive Center Circle Tallahassee, Florida 32301		1	'allahassee, Florida	32314	



## 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	limited liability company as	it appears on the records of	the Flo	rida De	epartm	ent
of State is:	lour way vending :	Services 11c				
01 State 13	133. 33.1					<b>–</b> ·
2. This limited liab	ility company was organized	d under the laws of:				
Flacida	<b>ju</b>				P~3	
		•			رس جي	
				) - 	B	
3. The Florida docu	ument/registration number o	f this limited liability compa	my is:	45	2013 (180) 160	
L13000	INTOUL			1.7	Ø)	۔ آن
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4.1, Kriste	ارم ح	1 1 '	AA /	<b>10</b>		٠.
	lame of Person Resigning)	, hereby resign as a	/VI U	int Title	1	_
		45 5. 445 4 545	•	, ,	-	
	bility company and affirm th	ie limited liability company	has bee	n notifi	ied of t	ny
resignation in wri	iting.					
. 1/	1 7 1					
M. Krusti	My Dral					
Signature of Resi	igning Member, Managing N	Member or Manager				
,		•				
Filing Fee:	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					