

L13000116431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

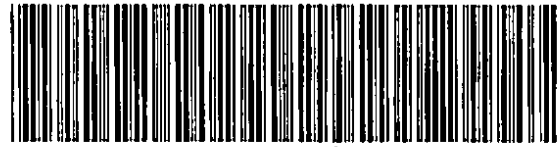
(Document Number)

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

17 AUG -7 AM 11:49

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BONJOUR FRENCHCAFE LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

THIERRY ZANON

(Contact Person)

(Firm/Company)

5214 OCEAN BLVD

(Address)

SARASOTA FL 34242

(City/State and Zip Code)

For further information concerning this matter, please call:

THIERRY ZANON

941

3460600

at (\_\_\_\_\_)

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

☐ \$55 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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: BONJOUR FRENCHCAFE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000116431

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/02/2017

BALDI, ANNE MARIE

4. I, \_\_\_\_\_, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

State of Florida  
County of Sarasota

Acknowledged before me this 3rd  
day of August, 2017  
by Anne Marie Baldi  
☒ who is personally known to me, or  
☐ who has produced identification.  
Notary Public Joy Loos

