

L13000128070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS  
15 APR 13 PM 12:47

C.L.  
4-15-15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pita Boss  
(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:

Jason Dalla

(Contact Person)

Pita Boss

(Firm/Company)

7635 long Pine loop

(Address)

Yulee FL 32097

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Dalla

(Name of Contact Person)

at ( 904 ) 415-2846

(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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 APR 13 PM 12:47

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: Pita Boss LLC

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

L13000128070

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/7/15

4. I, Julie Johnson, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

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

Julie Johnson  
Signature of Dissociating Member or Resigning Manager

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