

L13000129701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

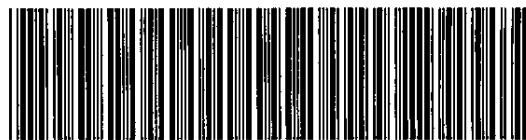
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800262665388

07/31/14--01011--007 \*\*25.00

FILED  
14 JUL 31 AM 11:39  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

AUG 12 2014  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 JUL 31 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Hocking Sushi LLC

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

L13000129701

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5-1-14

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

member  
(Print Title)

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

Phanevo Audumack  
Signature of Dissociating Member or Resigning Manager

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

**COVER LETTER**

RECEIVED

**TO:** Registration Section  
Division of Corporations

14 MAY 29 AM 11:26

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**SUBJECT:** Rocking Sushi 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:

Lisa Souwannasing  
(Contact Person)

Rocking Sushi  
(Firm/Company)

119410 Fairway Lakes Dr  
(Address)

Ft Myers FL 33913  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Souwannasing at (239) 849-3618  
(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