

L13000151674

(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



100255135231

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JAN -6 PM 3:54

FILED

01/06/14--01038--023 \*\*25.00

JAN 09 2014  
C. H. JOE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BAGEL FOR YOU, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fees are submitted for filing.

Please return all correspondence concerning this matter to:

DAVID ZINN  
(Contact Person)

BAGEL FOR YOU, LLC  
(Firm/Company)

5701 SW 88 TERRACE  
(Address)

COOPER CITY, FL 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID ZINN at ( 954 ) 801-0801  
(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

**FILED**  
2014 JAN -6 PM 3:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BAGEL FOR YOU, LLC

2. The Florida document/registration number of this limited liability company is:  
L13000151674

3. The date this member withdrew or will withdraw is: December 27, 2013

4. I, RONIT ZINN, hereby resign as a Manager/Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

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

  
Signature of Resigning or Dissociating Manager, Member

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

**FILED**  
2014 JAN -6 PM 3:54  
CLERK OF STATE  
TALLAHASSEE FLORIDA