

L13000158425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

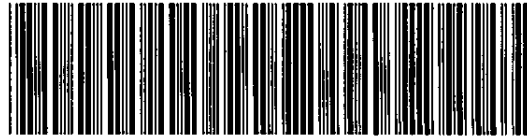
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 Sept 03 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 04 2014
C. CARRO



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2014

JEFFREY GITTO
TABLE 4 VENTURES LLC
116 S ORANGE AVE
ORLANDO, FL 32801

SUBJECT: TABLE 4 VENTURES LLC
Ref. Number: L13000158429

We have received your document for TABLE 4 VENTURES LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 514A00017872

RECEIVED
14 SEP -2 PM 12:03
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TABLE 4 VENTURES 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:

JEFFREY GITTO
(Contact Person)

TABLE 4 VENTURES LLC
(Firm/Company)

116 S. ORANGE AVE
(Address)

ORLANDO, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY GITTO at (813) 453 1794
(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: TABLE 4 VENTURES LLC

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

L13000158429

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/16/14

4. I, MARTIN A. Ruiz, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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)

FILED
14 SEP 05 AM 9:25
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TALLAHASSEE, FLORIDA