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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
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JUN 1 0 2014

R. WHITE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CHEFFIELD'S CATERING LLC (Name of Limited Liability Company)				
(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:				
DAVID SHEFFIELD (Contact Person)				
CHEFFIELD'S CATERING LLC				
1832 NW 6 AVE (Address)				
POMPANO BEACH FL 33060 (City/State and Zip Code)				
For further information concerning this matter, please call:				
OATIO SHEFFIELD at (404) 246 - 6607 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$55 Filing Fee & Certified Copy				

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

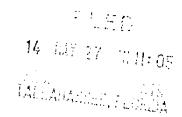
CR2E079 (2/14)

TO:

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 ap	ppears on the records of t	he Florida Department
of State is:	HEFFIELD'S	CATERING	LLC.
2. The Florida docu	ument/registration number assign	ned to this limited liability	company is:
<u>L130</u>	00170110	·	,)
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign	is: <u>5/01/2014</u>
4. I, TERRANC	CR YOUNG Jame of Person Resigning)	_, hereby withdraw/resign	n as a
MANAG	EN (Print Title)		
of this limited lial resignation in wri	bility company and affirm the liniting.	nited liability company h	as been notified of my
Terrane	Sociating Member or Resigning		
Signature of Di	ssociating Member or Resigning	g Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		