L13000 175248

(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:			
Special instructions to Filling Officer.			
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2023 JAH 20 AM 8: 42 SARETARY DE STATE

COVER LETTER

TO: Regi	stration Section			
Divis	sion of Corporations			
SUBJECT:	BURGERS OF JACKSONVILLE LLC (Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	ssociation and fcc(s) are submitted for filing.		
Please return	n all correspondence concern	ning this matter to:		
Yamila Benve	nuti			
, , , , , , , , , , , , , , , , , , , ,	(Contact Person)			
Legal Departn	ient			
	(Firm/Company)			
200 W Cypres	s Creek Rd, Ste 220			
	(Address)			
Fort Lauderda	le, Florida 33309			
.	(City/State and Zip Code)			
For further in	nformation concerning this i	matter, please call:		
		at () (Area Code & Daytime Telephone Number)		
(N	lame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed ple ⊞ \$25 Filing	- ·	ble to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy		
	ng Address:	Street Address:		
	stration Section	Registration Section		
	sion of Corporations	Division of Corporations		
P.O.	Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TLED



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SECRETARY OF STATE TALLAHASSEE, FL

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)

	GERS OF JACKSONVILLE LLC	appears on the records of the Florida Department
2. The Florida doc	cument/registration number assig	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is:
BF Restaurant Management, LLC		hereby withdraw/resion as a
(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	• •	imited liability company has been notified of my
	L MVO LAC issociating Member or Resignin	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	