## 114000006762

(F	Requestor's Name)	
A)	ddress)	
<u>A)</u>	ddress)	
(0	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(0	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions t	o Filing Officer:	
		·
	- Office Use Oc	ha :



300267721593

12/29/14--01003--025 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 05 2015 T. CARTER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Morning It	a Caleing ac
(Name of Lim	nited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Chris Sehmo	
(Contact Person)	
(Firm/Company)	
328 Rocetrack	dNE
City/State and Zip Code)	547
For further information concerning this matt	er, please call:
$Q_{\alpha}$	
(Name of Contact Person)	at (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	to the Florida Department of State for:  \$\square\$ \$\square\$ \$\\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 29 PM 3: 27

## 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)

	limited liability company as it appears on the records of the Florida Department
of State is:	lorningstar Catering uc
2. The Florida docu	ment/registration number assigned to this limited liability company is:
4400	0006762
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I. Ches	hereby withdraw/resign as a ame of Person Resigning)
Amp	(Print Title)
of this limited lial resignation in wri	polity company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)