

L14000015533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

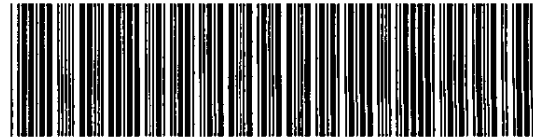
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 20 2018

Law Office of
Steven Michael LaBret, P.A.
501 N. Magnolia Avenue, Suite 110B
Orlando, Florida 32801

LL.M. IN TAXATION
ALSO ADMITTED IN LOUISIANA
AND MICHIGAN BARS

PHONE # (407) 422-5819
FAX # (407) 440-1442
E-MAIL: Labretpa@cfl.rr.com

April 17, 2018

Florida Dept. of State
Amendment Section
Div. of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: **Sanford Avenue Tavern, LLC**

Our Client: Sanford Avenue Tavern, LLC
Our File No: 1403-A-001 (Ackey)

Dear Sir/Madam:

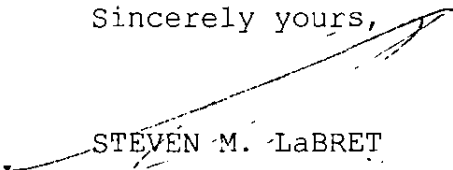
Enclosed are the following:

1. Check for \$25.00; and
2. Dissociation or Resignation of Member.

Please send copies of recorded documents to the undersigned.

Thank you for your anticipated cooperation.

Sincerely yours,


STEVEN M. LaBRET

SML/ao
Encls.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 1ST STREET LOUNGE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000015533

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 6, 2018

4. I, 1ST STREET LOUNGE, hereby withdraw/resign as a
(Print Name of Person Resigning)

authorized representative

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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