

44 0000 86 ffc

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

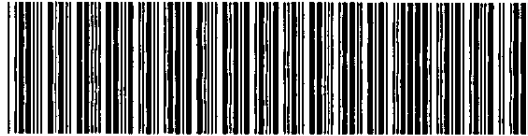
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400276492074

09/02/15--01009--025 \*\*75.00

FILED  
15 SEP -2 PM 1:03  
STATE TOLSON OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015

J SHIVERS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Smoke & Spice Jerk Company 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:

Karin Vickers

(Contact Person)

Smoke & Spice Jerk Company LLC

(Firm/Company)

2259 SE 19th Avenue

(Address)

Homestead, FL 33035

(City/State and Zip Code)

For further information concerning this matter, please call:

Karin Vickers

(Name of Contact Person)

at ( 305 ) 970-0667

(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: Smoke & Spice Jerk Company LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000086880

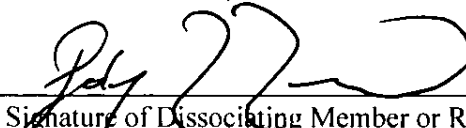
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/17/2015

4. I, Edy Masse, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

(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)