#L/4000091769

(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:				
:				
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Office Use Only



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CALLAMASSEE, FLORING

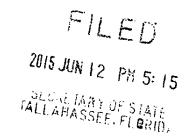
K.SALY EXAMINER JUN 15 2015

COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJ	IECT:	Kara Lynn's Kitchen LLC	L140000917	769		
		(Name of Limited Liability Company)				
The e	nclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.		
Please	e returr	all correspondence concerning	this matter to:			
Mary	Ann N	McCaffrey				
		(Contact Person)				
				_		
		(Firm/Company)				
906 F	Pine S	t.				
,.		(Address)	· · · · · · · · · · · · · · · · · · ·			
Clea	rwater	FL 33756				
		(City/State and Zip Code)				
For fu	urther i	nformation concerning this matt	er, please call	:		
Mary	Ann N	McCaffrey	727	647-7728		
	(N	lame of Contact Person)		e & Daytime Telephone Number)		
	sed ple 5 Filin	ease find a check made payable		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
		Corporations		Division of Corporations		
	n Buik	uing iive Center Circle		P.O. Box 6327		
		Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)





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 in Lynn's Kitchen, LLC	it appears on the records of the Florida Department			
2. The Florida document/registration number assigned to this limited liability company is: L14000091769					
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:			
	0.00				
4. 1,(Print \(\Delta\)	ame of Person Resigning)	, hereby withdraw/resign as a			
Authorized M					
	(Print Title)				
resignation in wr		e limited liability company has been notified of my			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				