L14000105751

(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:

WRONG FORM

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2015 NOV 23 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC -1 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-16-15
Returned
Signed
Notarized

October 7, 2015

GREEK CITY CAFE OF BROOKSVILLE, LLC
NICKOLAS PAPPAS
2511 SEVEN SPRINGS BLVD.
NEW PORT RICHEY, FL 34655

SUBJECT: GREEK CITY CAFE OF BROOKSVILLE, LLC
Ref. Number: L14000105751

We have received your document for GREEK CITY CAFE OF BROOKSVILLE, LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 215A00021281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greek City Cafe of Brooksville, 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:

Carleen Babbitt
(Contact Person)

Greek City Cafe of Brooksville, LLC
(Firm/Company)

2511 Seven Springs Blvd.
(Address)

New Port Richey, FL 34655
(City/State and Zip Code)

For further information concerning this matter, please call:

Carleen Babbitt at (727) 470-6015
(Name of Contact Person) (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

CR2E079 (2/14)

FILED
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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: Greek City Cafe of Brooksville, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L14000105751.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-29-15

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

member MGR.
(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)

FEI V24500378210

DENISE A. CRUZ
Notary Public, State of Florida
Commission # FF 4766
My comm. expires Apr. 03, 2017

CR2E079 (2/14)