

L14000131374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

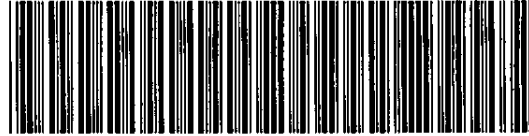
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400266513114

11/17/14--01014--008 \*\*25.00

FILED  
14 NOV 17 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

member resignation

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Layer Cake, 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:

Jordan Roberts  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

15110 Sundial Place  
(Address)

Oakwood Ranch, Fl. 34202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Roberts at (918) 557-7700  
(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

FILED  
14 NOV 17 PM 1:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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: Layer Cake, LLC

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

114000131374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11-6-14

4. I, Chloe Elisabeth Roberts, hereby withdraw/resign as a  
(Print Name of Person Resigning)

member

(Print Title)

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

Chloe Roberts

Signature of Dissociating Member or Resigning Manager

FILED  
14 NOV 17 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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