

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

Account Number : 120040000018 Phone : (239)334-1141 Fax Number : (239)334-3965

Enter the email address for this business entity to be used for futue annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHWEST FLORIDA RESTAURANT MANAGEMENT, LLC

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A. LUNT

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CR2E079 (2/14)

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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Southwest Florida Restau	urant Managen	nent, LLC	
	(Name of	Limited Liability Co	ompany)	
The enclosed	l member, resignation or diss	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to		
Zachary Wa	alter			19 JAI - H 8:55
	(Contact Person)		— 56 :	. 10
Bucketts				草二
	(Firm/Company)			震 大
6301 South	Pointe Boulevard			30
	(Address)	+ 		55 55
Fort Myers,	FL 33919			
	(City/State and Zip Code)			
For further in	formation concerning this m	atter, please call	:	
Zachary Wa	alter	408	799-1391) e & Daytime Telephone Numb	
(Na	une of Contact Person)	(Area Cod	e & Daytime Telephone Numb	cr)
Enclosed plea	ase find a check made payabl Fee		Department of State for: g Fee & Certified Copy	
Registration S Division of C Clifton Buildi	orporations ing ve Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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230 334 3066



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:	thwest Florida Restaurant Management, LLC
2. The Florida doci	ment/registration number assigned to this limited liability company is:
5	mber/manager withdrew/resigned or will withdraw/resign is: 1/1/18 1/1/
(Print N Manager	ume of Person Resigning)
	Print Title)
of this limited fial resignation in wri	pility company and affirm the limited liability company has been notified of my-ting.
)
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
CR2E079 (2/14)	

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