## 1400143636

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(50		,			
(Document Number)					
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
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SECULIARY CESTAIR

SECUL

JAN 0 8 2016 S. YOUNG

## COVER LETTER \*\*

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Bib Cheese Pizza (Name of Limited Liability Con	and Subs UC
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Antoinette Weychowski	<del>-</del>
Firm/Company)	<del>-</del>
1813 E West fate (n	<b></b>
Hernando FL 34442 (City/State and Zip Code)	- 350 - 350
For further information concerning this matter, please call:	
Antonta Wayancuski at (252 (Area Code	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$\square\$ \$55 Filing	Department of State for:
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 li	mited liability compan	y as it appears on the	he records of th	e Florida Department
of State is:	i6 Cheese	8:225 a	nd Sub	s 22C.
2. The Florida docum	nent/registration numb	er assigned to this l	imited liability	company is:
614000	142 636	•		
3. The date this mem	ber/manager withdrew	/resigned or will w	ithdraw/resign	is: <u>6/15/2015</u>
4. I, Anjoine H	s Washaws ne of Person Resigning)	hereby w	vithdraw/resign	as a
manago.	rint Title)	·		
of this limited liabi resignation in writi	lity company and affiring.	m the limited liabili	ity company ha	s been notified of my
	Deschard:			5
Signature of Diss	sociating Member or R	esigning Manager		
Filing Fee: Certified Copy:	, <del>-</del>			PH 3
	-			15mi -