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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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NOV 0 6 2014 T. CARTER

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Athena'z Diner, 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:
AIBA DILLON (Contact Person)
Athena'z Diner, LLC (Firm/Company)
2700 Golden Eagle Pt. (Address)
Lake Many, Florida 32746 (City/State and Zip Code)
For further information concerning this matter, please call:
Mohammed tabeahmadt at (407) 5363466 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\\$\\$25 \text{Filing Fee}\$ \$\sumset\$ \$\\$\\$55 \text{Filing Fee} & \text{Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



October 20, 2014

MOHAMMED TABEAHMADI ATHENA'Z DINER, LLC 2700 GOLDEN EAGLE PT. LAKE MARY, FL 32746 US

SUBJECT: ATHENA'Z DINER, LLC

Ref. Number: L14000147652

We have received your document for ATHENA'Z DINER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 514A00022396



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 l	imited liability company as it appears on the records of the Florida Department
of State is: AH	nend'z Diner, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
1400014	17652 <u></u>
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 10-28-2014
4. I, Mahama	nne of Person Resigning), hereby withdraw/resign as a
_manage	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	Sociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)