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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: STEAK AND SALAD ORL	ANDO, LLC	
	(Name of I	imited Liability C	ompany)
The enc	losed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please re	eturn all correspondence concernii	ng this matter to) :
ORFEL	J DANIEL ARANTES		
	(Contact Person)		
STEAK	AND SALAD ORLANDO, LLC		
	(Firm/Company)		
# 82 \$ 04	Crystal Clear Lane		
_	(Address)	-	_
Orlando	o, FL 32809		
	(City/State and Zip Code)		
For furth	her information concerning this ma	ntter, please cal	1:
Orfeu D	Daniel Arantes	407	730-9800
	(Name of Contact Person)		de & Daytime Telephone Number)
	d please find a check made payable filing Fee		Department of State for: ng Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
-	tion Section of Corporations	Registration Section	
Clifton I	*	Division of Corporations P.O. Box 6327	
2661 Ex	ecutive Center Circle		Tallahassee, Florida 32314
Tallahas	see, Florida 32301		

CR2E079 (2/14)





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)

	Elimited liability company as it appears on the records of the Florida Department EAK AND SALAD ORLANDO, LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
ANTONIO C	
MANAGER	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)