

L15000087588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 1 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Olive Market 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:

Grigorios Stamatopoulos

(Contact Person)

Olive Market LLC

(Firm/Company)

1751 1st Street

(Address)

Bradenton, FL 34208

(City/State and Zip Code)

For further information concerning this matter, please call:

Grigorios Stamatopoulos

(Name of Contact Person)

at ( 734 ) 386-0333

(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

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18 OCT 31 PM 1:43  
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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 limited liability company as it appears on the records of the Florida Department of State is: Olive Market LLC


2. The Florida document/registration number assigned to this limited liability company is:  
L15000087588

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2016

4. I, Dionisios Stamatopoulos, 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.

  
\_\_\_\_\_  
(Signature of Dissociating Member or Resigning Manager)

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16 OCT 31 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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