450000 92841

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

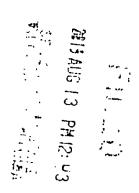
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Office Use Only



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COVER, LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations						
SUBJECT: ALSENDBAD GRILL 2 LL	_C					
	(Name of Limited Liability Company)					
The enclosed member, resignation or diss	ociation and fee	(s) are submitted for filing.				
Please return all correspondence concerni	ng this matter to) :				
Moeen Khalil						
(Contact Person)						
ALSENDBAD GRILL 2 LLC						
(Firm/Company)		_				
14537 S. Military Trail. Suite B						
(Address)		<u></u>				
Delray Beach, FL 33484						
(City/State and Zip Code)						
For further information concerning this m	atter, please cal	l:				
Juan Monroy	561 at (9000499 Ext 322				
(Name of Contact Person)	(Area Coo)de & Daytime Telephone Number)				
Enclosed please find a check made payabl ☐ \$25 Filing Fee		Department of State for: ng 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				



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 i	t appears on the records of the Flo	orida De	:partm	ent
of State is: ALS	ENDBAD GRILL 2 LLC				_·
2. The Florida docu L1500009284	-	igned to this limited liability com	pany is:		
Saed H. Kha	- lil	ned or will withdraw/resign is:	- 🛴	25 E AUG	
4. I	ame of Person Resigning)	, hereby withdraw/resign as a	÷ - ·	j6 3	
Authorized Member (Print Title)			n.	10 12 10	••
of this limited liab resignation in wr		limited liability company has bee	n notifi	ed E of r	ny
J	Pail bell				
Signature of Di	ssociating Member or Resign	ing Manager			
_	\$25.00 (Required) \$30.00 (Optional)				
centified copy.	550.00 (Optional)				