115110099419

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MR. C'S GRILLED	CHEESE TR	RUCK, LLC	
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•			—
			_
			Art of Inc. File
·			LTD Partnership File
			Foreign Corp. File
•			L.C. File
			Fictitious Name File
•			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy Photo Copy
			Certificate of Good Standing \(\frac{\fir}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: BAN	10/08	PM	UCC 1 or 3 File
Name		Time	UCC 11 Search
IVAILIC	Date	Time	UCC Retrieval
Walk-In	Will Pick I	Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mr. 69 GI / Pd Chapse Truck, LC (Name of Limited Liability Company)	<u>.</u> <u>८</u>
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to: Benjamin Ramp+ (Contact Person)	
(Firm/Company) SECRETARY OCT -8 Mooksville, FL 3460 (City/State and Zip Code) For further information concerning this matter, please call:	TIC
Prignin Rampt at (56) 693 - 9890 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 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

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)

	he limited liability					riment
, ,	ocument/registrati		signed to this li	mited liability	company is:	
4 /50	200099419		_ •			
3. The date this m	nember/manager v	withdrew/resig	med or will wi	thdraw/resign i	s: October	<u>6,</u> 2019
4. I, Matt	hew Live Name of Person Resi	gning)	, hereby wi	thdraw/resign	as a	
Mpm		······································				
	(Print Title)					
of this limited lie resignation in w	ability company a riting.	nd affirm the	limited llability	y company has	been notified o	f my
			•			
Signature of D	issociating Memb	er or Resignir	ng Manager	-	2011 WLL WLL	•
		_			ORE TO AHAO	77
•	\$25.00 (Requ	-			AR SSS	e a a angua Parangga
Certified Copy:	\$30.00 (Optio	nal)			— ÄÄ œ	
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