# L15000106010

| (Req                      | uestor's Name   | )            |
|---------------------------|-----------------|--------------|
| (Add                      | ress)           |              |
| (Add                      | ress)           |              |
| (City                     | /State/Zip/Phor | ne #)        |
| PICK-UP                   | ☐ WAIT          | MAIL         |
| (Bus                      | iness Entity Na | ime)         |
| (Doc                      | ument Numbe     | r)           |
| Certified Copies          | Certificate     | es of Status |
| Special Instructions to F | iling Officer:  |              |
|                           |                 |              |
|                           |                 |              |
|                           |                 | :            |

Office Use Only



900276842419

09/14/15--01022--021 \*\*55.00



#### , COVER LETTER

| Division of Corporations  |
|---|
| SUBJECT: Mobster Sauce 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:   |
| Gilda Horey (Contact Person)  |
| (Firm/Company)  |
| 8379 BORBONI COURT  |
| WAPLES FLORIDA 34/14 (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| (Name of Contact Person)  239- 774-5648  at (954) 309-7776  (Area Code & Daytime Telephone Number)  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sim\$ \$\frac{1}{2}\$ \$\frac{1}{ |

#### STREET/COURIER ADDRESS:

**Registration Section** 

TO:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, Florida 32314

**MAILING ADDRESS:** 

CR2E079 (2/14)



# FILED 2015 SEP 14 PM 12: 12 SLUB-TARD OF STATE TALLAHADSEE, 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:                               | MOBSTER SAUCE LLC   |
| 2. The Florida docu                        | ment/registration number assigned to this limited liability company is:                 |
| L1500                                      | 0/06010   |
| 3. The date this men                       | mber/manager withdrew/resigned or will withdraw/resign is: 9/1/15                       |
| 4. 1, GIDA (Print No.                      | hereby withdraw/resign as a me of Person Resigning)                                     |
| -AR  | (Print Title)   |
| of this limited liab<br>resignation in wri | pility company and affirm the limited liability company has been notified of my string. |
| Rila                                       | la Honel  |
| Signature of Di                            | ssociating Member or Resigning Manager  |
| Filing Fee:                                | \$25.00 (Required)  |
| Certified Copy:                            | \$30.00 (Optional)  |