L15000 138489

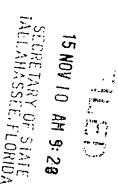
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lake Worth BBQ 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:			
Robert Stoky (Contact Person)			
103900 Overseas Huy.			
(Firm/Company) Key Luyo PL 35037 (Address)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Robert Stoky at 305, 451-5566 (Name of Contact Person) (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: \$25 \text{Filing Fee} \text{\$\mathbb{Z}\$ \$55 \text{Filing Fee} & Certified Copy}			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 appear	
of State is: Lake Worth	BBR, LLC
2. The Florida document/registration number assigned t	to this limited liability company is:
L15000138489	ı
3. The date this member/manager withdrew/resigned or	r will withdraw/resign is: 10 31 15
4. I, Dean Moreau, he	nereby withdraw/resign as a
(Print Name of Person Resigning)	~;
MGRM.	SEC ALL ALL
(Print Title)	NO NO
of this limited liability company and affirm the limited	d liability company has been notified of my
resignation in writing.	TO THOUSE
Den Man	FLORID
Signature of Dissociating Member or Resigning Ma	anager
Filing Fee: \$25.00 (Required)	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	