L15000153021

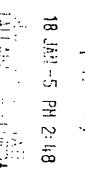
(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
. (В	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		:
		





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O SHUMONS

COVER LETTER

TO: Registration Section Division of Corporations

CR2E079 (2/14)

BR RESTAURANT 1, LLC SUBJECT:		
(Name of Limit	ed Liability Co	ompany)
The enclosed member, resignation or dissocia	tion and feet	(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to	:
KEITH W KOEHLER		
(Contact Person)		_
KOEHLER FARRY & COMPANY PA		
(Firm/Company)		
401 N HOWARD AVENUE		
(Address)		_
TAMPA, FL 33606		
(City/State and Zip Code)	_ .	_
For further information concerning this matter	, please call	:
KEITH W KOEHLER	813 at (250-1200
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: g 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)

	limited liability company as it appears on the records of the Florida Department RESTAURANT 1, LLC
2. The Florida doc L150001530	ment/registration number assigned to this limited liability company is:
3. The date this m	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, KEITH W K	
MGR	
	(Print Tale)
of this limited lia resignation in w	pility company and affirm the limited liability company has been notified of my iting.
	M.L
Signature of D	ssociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)