## L15 000 155805

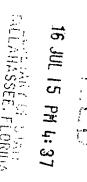
(Requi	estor's Name)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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## 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 l	imited liability company as it appears on the records of the Florida Department
of State is:	ate Gastropub LLC.
2. The Florida docur	nent/registration number assigned to this limited liability company is:
<u>L150001</u>	<u>55805</u> .
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. I, LUZ STELK (Print Na	TRYEZ de COCHO, hereby withdraw/resign as a
CAC	
•	Print Title)
resignation in writ	ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)