

11/2/2015

Division of Corporations

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850)617-6382

From:

Account Name : THE FAULKNER FIRM, P.A.  
Account Number : 120190000064  
Phone : (727)781-7428  
Fax Number : (727)214-2814

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: debbie@thefaulknerfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**ISLAND TIME RESTAURANTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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2015 NOV -2 AM 8:50

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2015 NOV -2 AM 8: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAFLORIDA 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: Island Time Restaurants LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000179902

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/29/15

4. I, SUNSHINE RCI, LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

SUNSHINE RCI, LLC

By: Andrew J. Grosse, PRESIDENT  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)