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(Address)					
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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Village Green Restaurant G	iroup, LLC		
	(Name of Lin	nited Liability Co	ompany)	
The enclosed	d member, resignation or dissoc	iation and fee((s) are submitted for filing.	
Please return	n all correspondence concerning	this matter to	:	
Stephen W	'. Screnci			
-	(Contact Person)			
Stephen W	. Screnci, P.A.			
	(Firm/Company)			
2600 N Mil	itary Trail, Suite 410			
	(Address)			
Boca Rator	n, Florida 33431			
	(City/State and Zip Code)	-	_	
For further in	nformation concerning this mat	ter, please call		
Stephen W	Screnci	561	300-3390	
(N	lame of Contact Person)	(Area Cod	e & Freephone Numbers	
Enclosed ple \$25 Filing	ease find a check made payable g Fee		ig Fee & Certified Copy	T F
	OURIER ADDRESS:		MAILING ADDRESS:	C
Registration			Registration Section 5	
	Corporations		Division of Corporations •	
Clifton Build	ding tive Center Circle		P.O. Box 6327	
	Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)



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	s it appears on the rec	cords of the Florida	ı Department	
of State is: Villa	ge Green Restaurant Gro	up, LLC		·	
2. The Florida docs	ument/registration number as	ssigned to this limite	d liability company	y is:	
3. The date this me	mber/manager withdrew/res	signed or will withdra	aw/resign is:	/2016	
4. I, Constantine	Manos Tame of Person Resigning)	, hereby withdraw/resign as a			
Member	(Print Title)		7		
of this limited lia resignation in wr	bility company and affirm th	ne limited liability co	omrany has been no	otified of my	
$\leq l$			\ \ \ \		
Signature of Di	ssociating Member or Resig	ning Manager	2016 FEB SECRETA TALLEAHA		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		B 29 P I: TARY OF STA TASSEE, FLOR	Ē	