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## **COVER LETTER**

TO: Registration Section Division of Corporations COTTONDALE CORNER CAFE, LLC SUBJECT: (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: JOHNNY RISTER (Contact Person) RTA (Firm/Company) 3159 MAIN STREET (Address) COTTONDALE, FLA. 32431 (City/State and Zip Code) For further information concerning this matter, please call: JOHNNY RISTER (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 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 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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 records of the l	Florida Department
of State is:	TONDALE CORNER CA	AFE, LLC	·
2. The Florida doci L1600002551	ument/registration number a 9	assigned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/res	essigned to this limited liability consisted.  signed or will withdraw/resign is:  hereby withdraw/resign as	8/23/2016
(Print N	iame of Person Resigning)	, nerce j wandrawi esign as	26 AMU:
		he limited liability company has b	- <b>O</b>
	Hargrand Ssociating Member or Resignment	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		