1160000 38849

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICI	K-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruc	tions to Filing Officer:
ri	
	Office Use Only



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ALLAHASSEE, FLORID

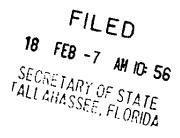
K SALY FEB 9 2018

COVER LETTER

TO: Registration Section Division of Corporations	
Crepe Stop LLC SUBJECT:	
	Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concernii	ng this matter to:
David Steinfeld	
(Contact Person)	
Brother and Sister Accounting LLC	
(Firm/Company)	
4720 Salisbury Rd Suite 229	
(Address)	
Jacksonville, Florida 32256	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
David Steinfeld	904 493-6481
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl \$25 Filing Fee	le to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

	limited liability company as it appears on the records of the Florida Department
of State is: Crepe	
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L16000038849	
· · · · · · · · · · · · · · · · · · ·	
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 01/23/2018
Gladus Aldis	
(Print Na	, hereby withdraw/resign as a mee of Person Resigning)
AMBR	
i	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
And the	yaldor R.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)