## 1160000052122

| (Requ                                   | uestor's Name) |             |
|---|----------------|-------------|
| (Addr                                   | ress)          |             |
| (Addr                                   | ess)           |             |
| (City/                                  | State/Zip/Phon | e #)        |
| PICK-UP                                 | ☐ WAIT         | MAIL        |
| (Business Entity Name)                  |                |             |
| (Document Number)                       |                |             |
| Certified Copies                        | Certificate    | s of Status |
| Special Instructions to Filing Officer: |                |             |
|   |                |             |
|   |                |             |
|   |                |             |

Office Use Only



100322849361

01/22/19--01025--020 \*\*25.00

SECRETARY DE STATE

WAS 500

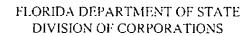
## **COVER LETTER**

| •  |  |
|--|--|
| COVER LETTEI   | ₹  |
| TO: Registration Section Division of Corporations                                      | STATE OF THE PARTY |
| PK's Cafe, LLC   | The Party  |
| (Name of Limited Liability C   | ompany)  |
| The enclosed member, resignation or dissociation and fee                               | (s) are submitted for filing.  |
| Please return all correspondence concerning this matter to                             | ):   |
| Thomas McDermott   |  |
| (Contact Person)   |  |
| Law Office of Thomas McDermott   |  |
| (Firm/Company)   |  |
| 901 NW 8th Avenue, Suite B-17  |  |
| (Address)  |  |
| Gainesville FL 32601   |  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter, please cal                             | 1:   |
| Thomas McDermott 352   | 283-2114   |
| (Name of Contact Person) (Area Co  | de & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida  \$25 Filing Fee  \$55 Filing | Department of State for: ng Fee & Certified Copy   |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:   |
| Registration Section   | Registration Section   |
| Division of Corporations   | Division of Corporations   |
| Clifton Building 2661 Executive Center Circle  | P.O. Box 6327<br>Tallahassee, Florida 32314  |
| ZOOT EXCOUNTE COREI CHOIC  | rananassuu, fiunua 22314   |

CR2E079 (2/14)

Tallahassee, Florida 32301







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the of State is: PK's     | e limited liability company as it appears on the SCafe, LLC | ne records of the Florida Department |
|--|---|--------------------------------------|
| 2. The Florida doc<br>L1600005212        | cument/registration number assigned to this l               | mited liability company is:          |
| 3. The date this me                      | ember/manager withdrew/resigned or will w                   | Oct. 22, 2018                        |
|  | kwell , hereby w  |                                      |
| Manager                                  |   |                                      |
|  | (Print Title)   |                                      |
| of this limited lia<br>resignation in wr | ability company and affirm the limited liabiliriting.       | ty company has been notified of my   |
| Signature of D                           | issociating Member or Resigning Manager                     | <del></del>                          |
|  | \$25.00 (Required)<br>\$30.00 (Optional)                    |                                      |