L16 0000 75616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

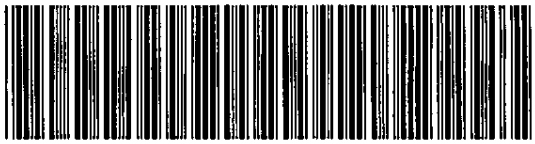
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2016 JUL -5 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL -5 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 06 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Table Cafe, LLC
(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:

Yayoi White
(Contact Person)

Family Table Cafe, LLC
(Firm/Company)

7635 Horse Lake Rd.
(Address)

Brooksville, FL 34601
(City/State and Zip Code)

For further information concerning this matter, please call:

Yayoi White at (786) 308-8333
(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

FILED
16 JUL -5 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
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 it appears on the records of the Florida Department of State is: Family Table Cafe, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L16000075616.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/28/2016

4. I, William Williams, hereby withdraw/resign as a
(Print Name of Person Resigning)

member.
(Print Title)

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

FILED
16 JUL 5 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

William Williams
Signature of Dissociating Member or Resigning Manager

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