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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

O SIMMONS
JUL 2 1 2018

COVER LETTER

_	gistration Section rision of Corporations		
SUBJECT			
	(Name of	Limited Liability Co	mpany)
The enclose	ed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please retur	rn all correspondence concern	ing this matter to:	
Daniel Ma	itlow, Esq.		
	(Contact Person)		_
Law Office	e of Daniel Matlow		
	(Firm/Company)		-
4600 Sher	ridan Street, Suite 300		
	(Address)	<u>, </u>	_
Hollywood	l, FL 33021		
	(City/State and Zip Code)		_
For further	information concerning this n	natter, please call:	
Daniel Ma	tlow	954	842-2365 extension 2
(1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	ease find a check made payab g Fee		Department of State for: Fee & Certified Copy
STREET/C Registration	COURIER ADDRESS:		MAILING ADDRESS:
	Corporations		Registration Section Division of Corporations
Clifton Buil			P.O. Box 6327
	tive Center Circle 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)

	e limited liability company as it appears on the records of the Florida Department by Thai & Sushi, LLC
	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: dengsri
Member —————	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)