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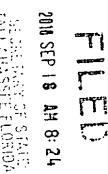
(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦

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SEP 22 2018

COVER LETTER.

SUBJECT: BILLIARDS SPORTS CAFE LLC	
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to:	
APOSTOLOS MOUTSATSOS	
(Contact Person)	
BILLIARD SPORTS CAFE LLC	
(Firm/Company)	
3948-C PEMBROKE RD	
(Address)	
PEMBROKE PARK, FL 33023	
(City/State and Zip Code)	2 2
For further information concerning this matter, please call:	2010 SEP
APOSTOLOS MOUTSATSOS 786 879-5508	
(Name of Contact Person) (Area Code & Daytime Telepho	
Enclosed please find a check made payable to the Florida Department of State \$25 Filing Fee \$25 Filing Fee & Certified C	e for: 💂 🗭 🖰

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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 lin	nited liability company as it appears on the records of the Flori	da Dep	artme	ent
of State is:	LIARD SPORTS CAFE LLC			 .
2. The Florida docum	ent/registration number assigned to this limited liability compa	ny is:		
L1600	0084151	<i>t</i> ,	•	
3. The date this members	ber/manager withdrew/resigned or will withdraw/resign is: 9/	4/	18	_
4.1, Sybrer (Print Nam	Since of Person Resigning), hereby withdraw/resign as a			
MANA	GER int Title)			
of this limited liabil resignation in writin	ity company and affirm the limited liability company has been a	notifie	dofm	ıy
Signature of Disso	ociating Member or Resigning Manager	SCHARASS SALLARASS	2010 SEP 18	ones.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Y OF STATE	8 AM 8: 21	