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COVER LETTER

Division of Corporations
SUBJECT: Krives and Fire Restaurants, 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:
Kristin Tucker (Contact Person)
Knives and Fire Restaurants, LLC (Firm/Company)
301 Moody Blud (Address)
Flagler Beach FL 32136 (City/State and Zip Code)
For further information concerning this matter, please call:
Kristin Tucker at (384) 872-8754 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$\\$25\$ Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

TO: Registration Section

MAILING ADDRESS:
Registration Section

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: Knives and Fire Restaurants, LLC
2. The Florida document/registration number assigned to this limited liability company is:
116000144348
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{Dk/23/2018}{}$
4. I. Bayne Hayes , hereby withdraw/resign as a (Print Name of Person Resigning)
Member/AMBR/Manager.
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager

CR2E079 (2/14)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)