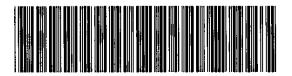
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section **Division of Corporations** (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: For further information concerning this matter, please call: Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

\$25 Filing Fee



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

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:	GUStos Grill, LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
- 400	<u>xxx 157 661</u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $08/23/16$.
4. I, <u>Cloud</u>	The Colon Conf., hereby withdraw/resign as a large of Person Resigning)
AP	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
- 100 karon	
Signature of Di	ssociating Member or Resigning Manager
- -	,
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)