## 16000176671

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

, TO: Registration Section
Division of Corporations

SUBJECT: Coffee Bar 239, LLC		
	f Limited Liability Cor	mpany)
The enclosed member, resignation or dis	ssociation and fee(s	s) are submitted for filing.
Please return all correspondence concern	ning this matter to:	
Bradley D. Bryant		
(Contact Person)	· · · · · · · · · · · · · · · · · · ·	_
Bryant Law Office		
(Firm/Company)		_
4851 Tamiami Trail North		
(Address)		_
Naples, FL 34103		
(City/State and Zip Code)		_
For further information concerning this	matter, please call:	:
Bradley Bryant	239 at (	566-1001
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIÉR ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGE FLORIDA OR FOREIGN LIMITED LIABILITY COMP.

(Pursuant to 605.0216, Florida Statutes)

	2. The Florida doc	ument/registration number a	ssigned to this limited liability com
	L1600017667		·
	3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is 1/1/le
•	4. I,		, hereby withdraw/resign as a
	(Print I	Name of Person Resigning)	
	Manager and	l Member	
	**************************************	(Print Title)	
notified of	resignation in wi		ne limited liability company has been
	Signature of 15	tesociating Member or Resig	
	Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILE LI 2016 DEC 28 PH 1: 48 SECRUTARY OF STATE TALLAMASSEE, FLORIDA
	CR2E079 (2/14)		