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COVER LETTER

SUBJECT: THE CROW'S NEST BAR & GRILLE, 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:
ROBERT DELROSE (Contact Person)
THE CROW'S NEST BARE GRILLE, LLC
366 FLAGLER AVENUE
NEW SMYRWA BEACH, FL 32/69 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK ALLEN at (321) 689-8000 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

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)

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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)

_	\$25.00 (Required) \$30.00 (Optional)				OF STATE	I PM 2: 2	.ED
Signature of Di	ssociating Member or Re	signing N	lanager		ETARY	SEP -	FIL
resignation in wr	iting. Na III Wa) W			SECRI FALLA	17	
	pility company and affirm	the limit	ed liability com	pany has beer	ı notific	d of r	ny
	MGR (Print Title)	_·					
4. 1. (Print N	RK L. ALL	EN.	hereby withdrav	v/resign as a			
3. The date this me	mber/manager withdrew/	resigned	or will withdraw	/resign is: 💆	<i>-</i> 4-	<u> </u>	<u> </u>
	7000037				<i>(</i>)	\sim	-1 <i>1</i>
	iment/registration numbe	=	_	liability comp	any is:		
of State is:	HE CROW'S N	1E5T	BARFE	RILLE	· _ [.()	<u>.</u> .
	limited liability company		1				