L170000 71322

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

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10/24/17--01028--002 **105.00

S. WARREN **CET 2 5 2017**

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FDP LA CAFFE CREPERIE.	LLC	
	ted Liability Co	ompany)
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
KONSTANTINOS CHILIAS		
(Contact Person)		
KOMNINOS LAW FIRM, PA		
(Firm/Company)		_
4124 West Linebaugh Ave.		
(Address)		-
Tampa, Florida 33624		
(City/State and Zip Code)		
For further information concerning this matter	r, please call	:
Spiro Komninos, Esq.	813	251-3444
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ag Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

		it appears on the records of the Florida Department
of State is:	LA CAFFE CREPERIE, L	
2. The Florida docu		signed to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 10 / 17 2017
		, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
MGR and Dis	sociating Member	
	(Print Title)	
of this limited liab resignation in wri		e limited liability company has been notified of my
	-	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	17 0C
		OCT 24
CR2E079 (2/14)		