117000089282

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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SECRETARY OF STATE

D. BRUCE MAY 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BUSTIO ON (Name of Limit	the 90 Chtuy Lec ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Metin Basaran	
(Contact Person)	
BIStro On-the go Ci	
(Firm/Company)	
3931 NN 96th	tue RECO
(Address)	NAY NAY
Coopa Cety, Pl	33024 SEE. F
(City/State and Zip Code)	STA STA
For further information concerning this matter	r, please call:
Menn Basavan	at (954) 696 0219
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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)

	limited liability company as it appears on 1540 On the 90	_
2. The Florida docu	ment/registration number assigned to this	limited liability company is:
L170	1600 89282	
		withdraw/resign is: May 15, 201
4. I, <u>USA</u>	AUDOY, hereby	withdraw/resign as a
Designa	ame of Person Resigning) LHO AGENT. Print Title)	
of this limited liab resignation in writ	oility company and affirm the limited liabi	ility company has been notified of my
Lugar (Pubru	
Signature of Dis	sociating Member or Resigning Manager	TALL SEC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILE I MAY 26 P ORETARY OF S AHASSEE, FL
		ORATE S