

L17000 108320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

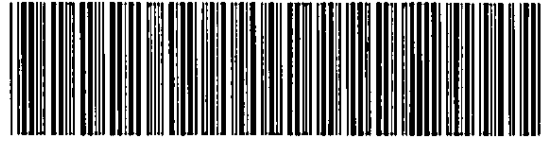
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/28/20--01000---018 \*\*25.00

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2020 FEB 28 AM 9:50  
CANTON, MISSISSIPPI

Resignation

MAR 20 2020  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAPTAIN'S TAVERN, 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:

CHRISTIN LYNN CHIARITO  
\_\_\_\_\_  
(Contact Person)

CAPTAIN'S TAVERN, LLC  
\_\_\_\_\_  
(Firm/Company)

8740-8742 N. MOBLEY RD.  
\_\_\_\_\_  
(Address)

ODESSA, FLORIDA 33556  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIC CHIARITO at ( 727 ) 385-2067  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED  
2020 FEB 28 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CAPTAIN'S TAVERN, LLC

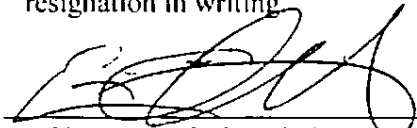
2. The Florida document/registration number assigned to this limited liability company is:  
L17000108320

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MARCH 1., 2020

4. I, ERIC CHIARITO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER/ MANAGING MEM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)