

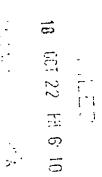
(Re	questor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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October 3, 2018

KIMBERLY MCAVOY 8710 W HILLSBOROUGH AVE SUITE 156 TAMPA, FL 33615

SUBJECT: TAMPABAY FOOD TOURS, LLC

Ref. Number: L17000129728

We have received your document for TAMPABAY FOOD TOURS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

www.sunbiz.org

DO DOVIGOR MILL THE CO.

Letter Number: 618A00020566



## 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 paBay Food Tours LLC	it appears on the records of the Florida Department
2. The Florida doc L1700012972	•	signed to this limited liability company is:
	NAD 11	gned or will withdraw/resign is:  hereby withdraw/resign as a
Vice Operatir	ng Manager	, hereby withdraw/resign as a
		e limited liability company has been notified of my
Mure of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	