

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



400318024614

09/10/18--01014--012 \*\*25.00



## **COVER LETTER**

| TO:                                     | Registration Section Division of Corporations   |                  |   |               |
|---|---|------------------|---|---------------|
| SUBJ                                    | @ At The Diner , LLC ECT:   | ed Liability Cor | mnany)  |               |
|   |   |                  |   |               |
| The er                                  | nclosed member, resignation or dissocia   | tion and fee(s   | s) are submitted for filing.  |               |
| Please                                  | return all correspondence concerning the  | his matter to:   |   |               |
| Diane                                   | e Alemar  |                  |   |               |
| -                                       | (Contact Person)  | <del></del>      | _   |               |
| @ At                                    | The Diner, LLC  |                  |   |               |
|   | (Firm/Company)  |                  | <b>-</b>  | -:;           |
| 9938                                    | Universal Blvd.   |                  |   | خ             |
| -                                       | (Address)   |                  | <u></u>   | ٠.            |
| Orlan                                   | do, Florida 32819   |                  |   | <br>سرا<br>() |
|   | (City/State and Zip Code)   |                  | _   |               |
| For fu                                  | rther information concerning this matter  | r, please call:  |   |               |
| Diane                                   | e Alemar  | <b>407</b> at (  | 947-7870  |               |
|   | (Name of Contact Person)  |                  | & Daytime Telephone Number)   |               |
|   | sed please find a check made payable to Filing Fee  |                  | Department of State for:<br>3 Fee & Certified Copy  |               |
| Regist<br>Division<br>Clifton<br>2661 I | ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301 | ۷                | MAILING ADDRESS: 7<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, Florida 32314 |               |

CR2E079 (2/14)



## 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 a  @ At The Diner, LLC  of State is: | ppears on the records of the Florida Department |
|---|---|
| 2. The Florida document/registration number assign L17000163662                         | ned to this limited liability company is:       |
| The date this member/manager withdrew/resigne     Anthony Burruto     I.                |   |
| (Print Name of Person Resigning) MGR  | _, nercoy withdraw/resign as a                  |
| (Print Title)   |   |
| of this limited liability company and affirm the lin                                    | nited liability company has been notified of my |
| WHAM RANG   |   |
| Signature of Dissociating Member or Resigning   |   |
|   | Ü   |
| Filing Fee: \$25.00 (Required)  | .2  |
| Certified Copy: \$30.00 (Optional)  | CD<br>CD  |