

L17000174055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

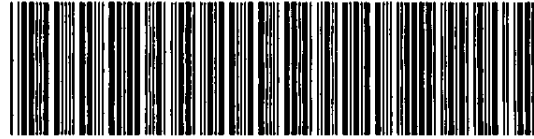
(Document Number)

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

Special Instructions to Filing Officer:

correction to Date PER  
conversation with  
MARK RAWDON 4/18/2018  
KS

Office Use Only



600311660146

04/16/18--01037--005 \*\*55.00

FILED

18 APR 16 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
APR 18 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BISTRO 206  
(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:

DAVID CASSIRER  
(Contact Person)

BISTRO 206  
(Firm/Company)

811 SR 206 EAST  
(Address)

ST AUGUSTINE FL 32086  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK RAWDON at (917) 647 7293  
(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 APR 16 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: BISTRO 204 LLC

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

L17000174055

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/18/2018

4. I, MARK RAWDON, hereby withdraw/resign as a  
(Print Name of Person Resigning)

VICE PRESIDENT  
(Print Title)

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

Mark Rawdon

Signature of Dissociating Member or Resigning Manager

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