

L17000230877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

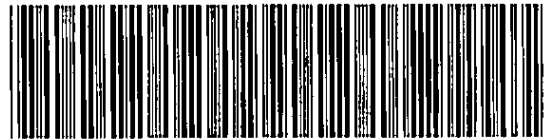
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

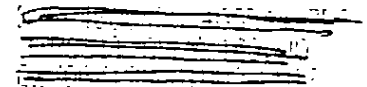
Special Instructions to Filing Officer:

Office Use Only



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01/14/19--01027--009 **30.01



02/17/19--01027--009 **30.01

FILED
19 FEB -4 AM 7:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

FEB 17 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2019

BASHAR FAYAD
4302 WEST SOUTH BEND CIR
JACKSONVILLE, FL 32207

SUBJECT: JAX SANDWICHES LLC
Ref. Number: L17000230877

We have received your document for JAX SANDWICHES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 119A00001315

2019 FEB -4 PM 12:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAX SANDWICHES 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:

Bashar Fayad
(Contact Person)

JAX SANDWICHES LLC
(Firm/Company)

4302 S Bend Cir West
(Address)

Jacksonville, FL 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Bashar Fayad at (904) 755 8574
(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



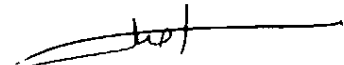
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

FILED
19 FEB - 4 AM 7:03
TALLAHASSEE, FLORIDA
STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: JAX SANDWICHES LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000230877
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan. 9
4. I, Bashar Fayad, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(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)