## 17086231831

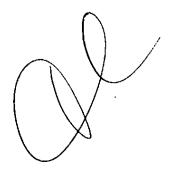
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## **COVER LETTER**

Division of Corporations		
FLORIDA MONSTER CHEF, LLC		
	ited Liability	Company)
The enclosed member, resignation or dissoci	ation and fe	e(s) are submitted for filing.
Please return all correspondence concerning	this matter t	to:
R. LEE BENNETT		(~)
(Contact Person)		
GRAYROBINSON, PA		· · 
(Firm/Company)		<del></del> ၁۱
301 E. PINE STREET, SUITE 1400		
(Address)		بــــــــــــــــــــــــــــــــــــ
ORLANDO, FL 32801		
(City/State and Zip Code)		<del></del>
For further information concerning this matt	er, please ca	ıll:
R. LEE BENNETT	407 at (	244-5631
(Name of Contact Person)	_ · · ·	ode & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		a Department of State for: ling 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

#52459-3/50285455v3

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	s it appears	on the records of the Florid	la Department
of State is:	RIDA MONSTER CHEF, LLC			·
2. The Florida doc	ument/registration number a	ssigned to tl	nis limited liability compan	ıyıis:
L17000231831				••
3. The date this me	ember/manager withdrew/res	signed or wi	ll withdraw/resign is:	/2023
TONY MENDO	LA		oy withdraw/resign as a	:
4. 1, (Print Name of Person Resigning)				ن: ما
MANAGER				7
	(Print Title)			
resignation in wr	24			otified of my
Signature of D	issociating Member or Resig	ming Mana	ger	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	cc:	Florida Monster Chef, LL 7533 W. Sand Lake Roa	

Orlando, FL 32819