118000024092

(Re	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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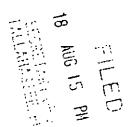
COVER LETTER

TO: Registration Division of C			
Caffei	nated Bakery, LLC		
	(Name of L	imited Liability Cor	mpany)
The enclosed member	er, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please return all corr	respondence concernin	ng this matter to:	
Linda Chiavatti			
	(Contact Person)		_
Caffeinated Baker	y, LLC		
	(Firm/Company)		_
59 Baymont St.			
	(Address)		_
Clearwater, FL 33	767		
(City/State and Zip Code)		_
For further informati	ion concerning this ma	atter, please call:	
Linda Chiavatti			410-1936
(Name of C	Contact Person)		& Daytime Telephone Number)
Enclosed please find ■ \$25 Filing Fee	a check made payable		Department of State for: g Fee & Certified Copy
STREET/COURIE			MAILING ADDRESS:
Registration Section Division of Corporat			Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Cen Tallahassee, Florida			Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROMSFLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the Flor of State is:	ida	t appears on the records of the Florida Department
2. The Florida doc L1800002409	•	signed to this limited liability company is:
2 22 1 4 1	hard and the same	8/1 <i>/</i> 2018
		gned or will withdraw/resign is:
Salvatore Be		, hereby withdraw/resign as a
7. 1(Print)	Name of Person Resigning)	, hereby withdraw/resign as a
VP		
	(Print Title)	
of this limited lia resignation in wi		limited liability company has been notified of my
Antife	w Bex	
/ Signature of D	issociating Member or Resign	ning Manager
Filing Fce:	\$25.00 (Required)	
Certified Conv	\$30.00 (Ontional)	