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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations Eat Snack Live, LLC SUBJECT: (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: Tina Sujana (Contact Person) Eat Snack Live, LLC (Firm/Company) 5650 Kensington Loop (Address) Fort Myers, FL 33912 (City/State and Zip Code) For further information concerning this matter, please call: Tina Sujana (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: MAILING ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 l	imited liability company as	s it appears on the records of the	e Florida Department
of State is:	inack Live, LLC		
82-540	5108 H18000		
3. The date this mer	nber/manager withdrew/res	signed or will withdraw/resign is	s:07//6/2018
4. I, Anthony Dero	S me of Person Resigning)	, hereby withdraw/resign a	as a
Manager			
(.	Print Title)		
resignation in writ	ting.	he limited liability company has	been notified of my
ANThow Y	sociating Member or Resign	gning Manager	₹
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		FILE ZOUD JUL 23 AN ALLAHASSELLE