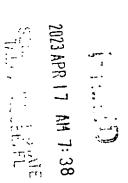
L18000292057

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
,	
(Document Number)	
(Seeding North See)	
Cartificat Casina Cartificates of Status	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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Office Use Only

9-10-10-10-02

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 2 Chicks & A Guy (LC (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:		
Johnny L Hutchinson JR.		
2 Chicks SA Guy LLC		
937 Brandywine ST.		
TA (KSAL) IE F		
For further information concerning this matter, please call:		
Jyhny Jyhny Vat (914) (15-335) (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\times\$ \$		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

The Centre of Tallahassee

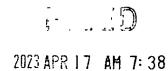
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

 The name of the limited liability company as it appears on the re- 	
of State is: 2 Chi CICS & A C	zay LLC
2. The Florida document/registration number assigned to this limit	led liability company is:
L18000292057	
3. The date this member/manager withdrew/resigned or will withdrew	raw/resign is: 4-11-2023
4. I. (Print Name of Person Resigning). hereby withd	
OWNER-MGR	
of this limited liability company and affirm the limited liability corresignation in writing. Signature of Dissociating Member or Resigning Manager	ompany has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	