119 00000 9972

| (Requ | estor's Name) | |
|-----------------------------|----------------|-------------|
| (Addre | ess) | |
| (Addre | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL MAIL |
| (Busir | ness Entity Na | me) |
| (Docu | ment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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| | | |

Office Use Only



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SECRETARY OF STATE

O CHAINCNS

JAN 21 2022

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: StingRays Bar & Grill a Muscle Car City LL (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: |
| William Farley (Contact Person) |
| StingRays Bal & Brill @ Muscle Car City LLC (Firm/Company) |
| 10175 Tamiami TRail |
| Punta Garda, Fr. 33950 (City/Stale and Zip Code) |
| For further information concerning this matter, please call: |
| William Farley at (941) 740-2277 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$25 \text{ Filing Fee & Certified Copy}\$ |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327



FILED 2022 JAN 10 AM 7: 15

SECRETARY OF STATE
TALLAHASSEE, FL
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 it appears on the records of the Florida Department |
|---|--|
| of State is: St | ingRays Bar & Grill@ muscle car City LLL. |
| 2. The Florida docu | ament/registration number assigned to this limited liability company is: |
| 11900 | 0009972 |
| 3. The date this me | mber/manager withdrew/resigned or will withdraw/resign is: 123121 |
| 4. I, Rick Print N | TREWORDU, hereby withdraw/resign as a fame of Person Resigning) |
| <u>MG</u> | (Print Title) |
| of this limited lial resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| 1 | |
| Signature of Di | ssociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Conv. | \$30.00 (Ontional) |