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SECRETARY OF STATE

JNS 3-10-19

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TO:	•	stration sion of (Section Corporati	ions						
SUBJ	ECT:	FRAN	KIE LAI	NES LLO	С					
(Name of Limited Liability Company)										
The en	nclosed	d memb	er, resigi	nation or	dissocia	ition an	d fee((s) a	are submitted for filing.	
Please	e return	n all cor	responde	nce conc	erning t	his mat	ter to:	:		
MAR	Y DOI	NNELL								
			(Contac	t Person)				_		
FRAI	NKIE L	LANES	LLC							
			(Firm/C	ompany)						
3811	2 15TI	H AVE								
			(Addı	ress)						
ZEPH	HYRH	ILLS F	_ 33542							
			City/State a	and Zip Coo	ie)					
For fu	irther in	nformat	ion conc	erning th	iis matte	r, pleas	e call:	:		
MAR	Y DOI	NNELL				81 at (3)	7022366	
-	(N	lame of	Contact P	erson)		(Arc	a Cod	lc &	Daytime Telephone Number)	
	sed ple 5 Filing		l a check	made pa	ayable to			-	partment of State for: Fee & Certified Copy	
Regis Divisi Clifto 2661	tration ion of 0 on Build Execut	Section Corpora ding	tions iter Circl					R D P	MAILING ADDRESS: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, Florida 32314	

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)

	imited liability company as	s it appears on the records of	the Florida Department					
2. The Florida docu	ment/registration number as	ssigned to this limited liabilit	y company is:					
L19000024304		·						
3. The date this mer	nber/manager withdrew/res	signed or will withdraw/resign	2/20/2019 n is:					
4. I, FRANKIE AM	MONS JR	, hereby withdraw/resig	, hereby withdraw/resign as a					
TITLE MGR	Print Title)							
of this limited liab resignation in write		ne limited liability company h	2019 f					
Signature of Dis	ssociating Member or Resig	gning Manager	27 P					
•	\$25.00 (Required) \$30.00 (Optional)		PR PD					