## 11900016186A

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding Market 1997)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800344504888

ŭ5/18/20--01038--016 ♦♦50.00

2020 MET 18 PH 3:48

O SIMMONS JUN 05 2020

## **COVER LETTER**

Division of Corporations DRIFTWOOD CAFE SEMINOLE 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: Ron Gregory (Contact Person) Gregory Law Firm, PL (Firm/Company) 3801 Park Street North, Suite 3 (Address) St. Petersburg, FL 33709 (City/State and Zip Code) For further information concerning this matter, please call: Ron Gregory (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ×2 = \$50.00 □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



2020 MA: 18 PH 3: 48

## 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)

	limited liability company as it appears on the records of the Florida Department IWOOD CAFE SEMINOLE LLC
2. The Florida doc L19000161869	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4 I KARA M JOHN	
MGR	Print Title)
resignation in wi	
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Ontional)