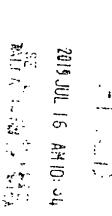
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SONNY BOY BAKERY LLC (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:
FRANCK MONNIER. (Contact Person)
(Firm/Company) 4372 SW 73 Rd OW Rnue. (Address)
(Address) FU 33143 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 563-12-19. (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$\sum \text{S55 Filing Fee & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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				-	artment
of State is:	SONNY BO	YI	<u>Baker</u>	Y, LL	<u> </u>	·
	ument/registration number		d to this limite	d liability comp	pany is:	2019 JUL 1
3. The date this me	ember/manager withdrew/r	esigned	or will withdra	aw/resign is: _	7/1	19/19.
4. I, Davi	d Dullar C Jame of Person Resigning)	<u> </u>	hereby withdr	aw/resign as a	Ą	4×10:04
A	MBR (Print Title)	.•			****	4-
of this limited lia resignation in wr	ibility company and affirm	the limi	ted liability co	mpany has bee	n notified	d of my
Signature of D	issociating Member or Res	signing N	Manager			
		5 5	C			
Filing Pee:	\$25.00 (Required)					
Contified Copy:	\$30.00 (Optional)					