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(Requestor's Name)
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COVER LETTER

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SITE	Gentile's Philadelphia Cheesesteaks LL	С			
SUBJECT: (Name of Limited Liability Company)					
The en	nclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to	:		
Maline	la Olupitan				
:	(Contact Person)				
Koino	n Integrity Bookkeeping				
	(Firm/Сомрапу)		_		
12647	Night View Drive	•		2023 1117	
	(Address)		_		
Saraso	ota, FL 34238			5	
	(City/State and Zip Code)			- :	
For fi	orther information concerning this matter	r, please call	:	1;: 05	
Malin	da Olùpitan	941 at (284-3068	.	
	(Name of Contact Person)		le & Daytime Telephone Number)	-	
Enclo	osed please find a check made payable to	the Florida	Department of State for:		
	5 Filing Fee		ng 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 Tallahassee, FL 32303	810	



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)

	ment/registration number assigned to this limited liability company is	7097
84-2844476	•	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	<u>ন</u>
4. I,	, hereby withdraw/resign as a	
•	ame of Person Resigning)	75
Manager/Owner		
(Print Title)	
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified.	fied of my
Gaica)	Di Weato	
Signature of Di	ssociating Member or Resigning Manager	