## 119000252269

(Re	equestor's Name)			
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(Ci	ty/State/Zip/Phone	#) "		
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## **COVER LETTER**

CR2E079 (2/14)

TO:	_	stration Section ion of Corporations					
SUBJ		JAX Touchdown Grill LLC					
3010	LC1.	(Name of Limited Liability Company)					
The er	nclosed	l member, resignation or dissocia	ition and fee(s	e) are submitted for filing.			
Please	return	all correspondence concerning t	his matter to:				
Timo	thy Sh	iippee					
		(Contact Person)		-			
Hatha	away 8	& Reynolds, PLLC					
	,	(Firm/Company)		_			
50 A1	1A Nor	rth, Suite 108					
		(Address)		<del>-</del>			
Ponte	e Vedr	a Beach, FL 32082					
		(City/State and Zip Code)		_			
For fu	rther ir	nformation concerning this matte	r, please call:				
Timot	thy Sh	ippee	904 at (	280-5526			
_	(N	ame of Contact Person)		& Daytime Telephone Number)			
	sed plea Filing	ase find a check made payable to g Fee		Department of State for: Fee & Certified Copy			
Regist Division Clifton	ration on of C n Build	<del>-</del>		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			
		ive Center Circle Florida 32301		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 as	s it appears on the records o	f the Florida Departi	ment
2. The Florida docu L1900025226	ument/registration number as	ssigned to this limited liabi	NOV I	
A 1 111	mber/manager withdrew/reses	_		
Member/Man			**	
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been notified o	f my
Signature of D	issociating Member or Resig	gning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			