L2000000 3260

(Requestor's Name)
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COVER LETTER

Division of Corporations	
SUBJECT: PIZZA SU LLC (Name of Limited Liability Cor	meny)
(Name of Emilieu Emoting Con	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JOSHUA C. ROBARE (Contact Person)	 -
(Contact Person)	
PIZZA 54 (Firm/Company)	_
15124 CHINESVILLE RD.	·
SPRING HILL FL 34610 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
JOSHUA C. ROBARE at (813 (Name of Contact Person) (Area Code) 838 - 1960
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida L \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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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)

. The name of the limited liability company as it appears on the records of the Florida Department
of State is: PIZZA 54 LLC.
. The Florida document/registration number assigned to this limited liability company is:
L20000003260
. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{3/31/20}{20}$ 26
1, <u>DANNY / ドルスルンモス Sin</u> , hereby withdraw/resign as a (Print Name of Person Resigning)
MEMBER. (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Attuine /
Signature of Dissociating Member or Resigning Manager
iling Fee: \$25.00 (Required) ertified Copy: \$30.00 (Optional)