L20 0000 25708

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SECRETARY OF STATE

COVER LETTER

TO: F	Regis	tration Section				
E	Divis	ion of Corporations				
SUBJEC	CT:	Bunny's LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Limited Liability Company)				
The enc	losed	member, resignation or dissociation	on and fee(s)	are submitted for filing.		
Please re	eturn	all correspondence concerning this	s matter to:			
Maureen	Pata					
		(Contact Person)				
		(Firm/Company)				
14635 Sti	irrup l	ane				
		(Address)				
Wellingto	on, FL	33414				
		(City/State and Zip Code)				
For furt	her ii	nformation concerning this matter,	please call:			
Maureen	Pata	я	561 t ()	531-3796		
	(N	ame of Contact Person)	(Area Code &	Daytime Telephone Number)		
Enclose	-	ase find a check made payable to t g Fee		partment of State for: 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

FILED



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SECRETARY OF STATE TALLAHASSEE, FLURY

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: Bunn	y's LLC
2. The Florida docu L20000025708	ument/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, John Pata (Print N	, hereby withdraw/resign as a
АМВА	
	(Print Title)
resignation in wr	
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certifica Copy:	\$30.00 (Optional)