

K2C CCC 10453C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

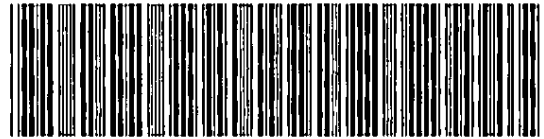
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300378547073

12/27/21--01046--027 **55.00

2021 DEC 27 PM 4:04
RECEIVED
TAMM COUNTY CLERK
JULIA A. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Way Cafe Press 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:

Jocelyn Andersen

(Contact Person)

One Way Cafe Press LLC

(Firm/Company)

113 Cotton Ct

(Address)

Auburndale, FL 33823

(City/State and Zip Code)

For further information concerning this matter, please call:

Jocelyn Andersen

(Name of Contact Person)

863 221-3050
at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing 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



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: ONE WAY CAFE PRESS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000104530

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/14/2021

4. I, Lane Fisher Roberts, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Lane Fisher Roberts

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2021 DEC 27 PM 4:04
RECEIVED
TALLAHASSEE