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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

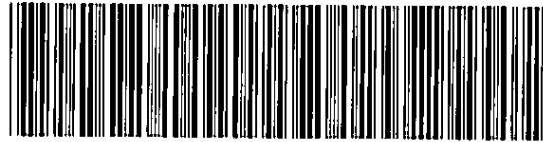
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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Papa T's Steak House, LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: 6200002300903

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Gomez  
Name of Person

\_\_\_\_\_  
Name of Firm/Company

444 14132 Sweetbush Ct.  
Address

Brooksville, Florida, 34613  
City/State and Zip Code

Aedecor. llc@gmail.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Gomez at (813) 210-3031  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

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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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Papa T's Steakhouse LLC.

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

6200002300903, 620000164104.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

\_\_\_\_\_  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FL

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