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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Indulgence Southern Bistro L.L. (Name of Limited Liability Company)	C
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Spencer R Jones (Contact Person)	
Indulgence Southern Bistro (Firm/Company)	
315 W. Forsyth St.	
Jacksonville, Florida, 32202- (City/State and Zip Code)	
For further information concerning this matter, please call:	2022
Spencer & Jines at (904) 609-5381 (Area Code & Daytime Telephone Number)	2022 JUL 20
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy	17 H: 23

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 lim				
of State is:	ndulgence	Suithern	Bistro 1	666
2. The Florida docume	ent/registration number	er assigned to this	limited liability o	company is:
L210001	148459			
3. The date this memb	er/manager withdrew	resigned or will w	vithdraw/resign is	s: <u>4-28-32</u>
4. I, Shirley (Print Name	Tanisha L of Person Resigning)	end/hhereby	vithdraw/resign a	as a
	JeR_ nt Title)	_·		2022 JUL 20 fmy
of this limited liabili	ty company and affirr g.	n the limited liabil	ity company has	been notified of my
Sh				. (2) (2)
Signature of Disso	ciating Member or Ro	esigning Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			