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. COVER LETTER

TO:	Registration Section Division of Corporations		
	Division of Corporations		
SUBJ	Santorini Grill LLC JECT:		
		Limited Liability Cor	npany)
The e	nclosed member, resignation or diss	sociation and fee(s	e) are submitted for filing.
Please	e return all correspondence concerni	ing this matter to:	
Dimitr	ios Katsifis		
	(Contact Person)		-
	(Firm/Company)		-
6920 C	Clark St		
	(Address)		-
Hudso	n FL 34667		
	(City/State and Zip Code)	-	-
For fu	urther information concerning this m	natter, please call:	
Dimitr	ios Katsifis	646 at (730-2664
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payab		
= \$2:	5 Filing Fee	□ \$55 Filing	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FLOR

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	s it appears on the records of the Florida Department	
of State is: Santo	rini Grill LLC	·	
2. The Florida doct	ument/registration number a	ssigned to this limited liability company is:	
L21000173509			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	
4. I. Gerasimos Limperatos (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)	· ·	
MGR			
.	(Print Title)		
resignation in wr		company has been notified of my	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		