

h21 000503837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

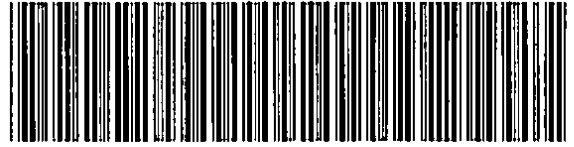
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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... 12-12-2013 ...

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 JUL -1 AM 9:31

J DENNIS  
OCT 06 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Testamatta, 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:

Debbie L Wilson  
(Contact Person)

MBP Restaurant Group  
(Firm/Company)

1000 Sawage Court Suite 200  
(Address)

Longwood, FL 32750  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie L Wilson at (407) 951-5576  
(Name of Contact Person) (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



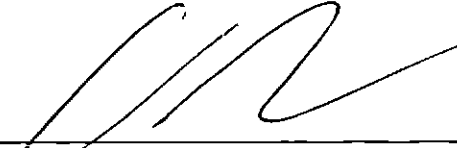
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Testamatta LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L21000503837
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/01/2022
4. I, Christopher Stevens, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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