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S. PRATHE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KEY WEST PEACH 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:
(Contact Person)
BACK TO THE ISLAND CAFE (Firm/Company)
524 Elizabeth St. Apt. #3
Key West FL 33040 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (5/3) 4/0 - 22 90 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\sum \\$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 8  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 compa	nv as it anr	ears on the r	ecords of the F	Florida Depart	ment
	KEY WE		_			·
422	oment/registration numb	891			,	/
3. The date this me	mber/manager withdrev	w/resigned	or will with	lraw/resign is:	6/11	122
4. I,	ame of Person Resigning)	1	hereby with	draw/resign as	a	
	MGR . (Print Title)					
of this limited lial resignation in wr	bility company and affi	rm the limi	ted liability	company has b	een notified o	f my
				_	TALL.	2022
Signature∕of Di	ssociating Member or I	Resigning N	Manager		HASSE	2022 JUN 13
_	\$25.00 (Required) \$30.00 (Optional)				E, FLORID	-ED 3 PH 6: (