

## 24000164595

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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08/33/24--01007--005 \*\*25.03

## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations				
SUBJE					
	(Name of	(Name of Limited Liability Company)			
The enc	losed member, resignation or diss	sociation and fee	(s) are submitted for filing.		
Please r	eturn all correspondence concern	ing this matter to	);		
Anthony	Fonseca				
	(Contact Person)		_		
	(Firm/Company)				
16319 N	Florida Ave				
	(Address)		_		
Lutz, FL	33549				
	(City/State and Zip Code)		_		
For furtl	ner information concerning this m	natter, please call	:		
Anthony	Fonseca	813 at (	294-9892		
	(Name of Contact Person)	<del></del>	e & Daytime Telephone Number)		
Enclose	d please find a check made payab	le to the Florida	Department of State for:		
	Filing Fee		ng Fee & Certified Copy		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	Callahassee, FL 32314		2415 N. Monroe Street, Suite 810		
			Tallahassee El 32303		

CR2E079 (2/14)



## 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	e limited liability company as	s it appears on the records of the Fl	orida Department	
of State is: Static	on House BBQ - Starkey Ranch LI	LC		
2. The Florida doc £24000164895	ument/registration number a	ssigned to this limited liability con	npany is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: _	/1/2024	
4. I. Anthony Fonseca, hereby withdraw/resign as a				
AMBR				
of this limited lia resignation in wr	riting.	ne limited liability company has be	en notified of my	
Signature of B	issociating Member or Resig	ning Manager	UG 20	
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)		A	