L24000400307

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



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SECRETARY OF STATE
SEARLAHASSEE.FL

COVER LETTER

| TO: | Registration Section | | | |
|--------|--|--------------------|--|--|
| | Division of Corporations | | | |
| SUBJ | FLAGLER AVENUE PIZZA 396 I | | | |
| | (Name of Li | mited Liability Co | ompany) | |
| The e | nclosed member, resignation or disso | ciation and fee(| (s) are submitted for filing. | |
| Please | e return all correspondence concerning | g this matter to | : | |
| PETEI | R BEAULIEU | | | |
| | (Contact Person) | | - | |
| | | | | |
| | (Firm/Company) | | _ | |
| 711 A | SOUTH GLENCOE RD | | | |
| | (Address) | | _ | |
| NEW : | SMYRNA BEACH, FL 32168 | | | |
| | (City/State and Zip Code) | | _ | |
| For fu | orther information concerning this ma | tter, please call | : | |
| PETER | R BEAULIEU | 386 at (| 566-3486 | |
| | (Name of Contact Person) | | e & Daytime Telephone Number) | |
| Enclo | sed please find a check made payable | to the Florida | Department of State for: | |
| | 5 Filing Fee | | ig Fee & Certified Copy | |
| | North Addison | | Stungt t dduggy | |
| | Mailing Address: Registration Section | | Street Address: Registration Section | |
| | Division of Corporations | | Division of Corporations | |
| | P.O. Box 6327 | | The Centre of Tallahassee | |
| | Tallahassee, FL 32314 | | 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)

| The name of the limited liability company as it appears on the records of the Florida Department of State is: FLAGLER AVENUE PIZZA 396 LLC | ent |
|---|---------|
| 2. The Florida document/registration number assigned to this limited liability company is: L24000400307 | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/18/2024 | |
| 4. I, LUIS BARRIOS, hereby withdraw/resign as a | _ |
| Authorized Party/Member | |
| (Print Title) | |
| of this limited liability company and affirm the limited liability company has been notified of nesignation in writing. | ıy |
| Luis Barries 7/18/24 | |
| Signature of Dissociating Member or Resigning Manager | |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | |