

# 1109000004909

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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## LLC DISSOLUTION OR WITHDRAWAL ARAMARK ORLANDO CULINARY PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY  
EXAMINER

APR 14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aramark Orlando Culinary Partners, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Aramark Orlando Culinary Partners, LLC  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Aramark Orlando Culinary Partners, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/17/2009

(Date registered with Florida Department of State)

M09000004909

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Patricia A. Rapone  
(Signature of authorized representative)

Patricia A. Rapone

(Typed or printed name of signer)

Filing Fee: \$25.00