M12 66666 6736

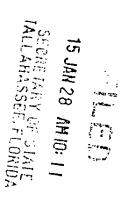
. (Re	questor's Name)	
(Ad	dress)	
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. (Cit	y/State/Zip/Phone	- ≠)
·	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

Registration Section

Div	ision of C	Corporations				
SUBJECT:	Georgia Family Restaurants, LLC					
SCHOLET.		(Name of For	eign Limited Liability (Company)		
Dear Sir or N	/ladam:					
The enclosed	l withdra	wal and fee(s) are submitted	for filing.			
Please return	all corre	spondence concerning this	matter to the following:			
Jessica F	lill					
		(Name of Person)				
Promethe	eus Pai	tners, LP				
		(Firm/Company)				
1340 Har	nlet Av	enue				
		(Address)				
Clearwat	er, FL	33756				
		(City/State and Zip Code	e)			
For further in	nformatic	on concerning this matter, p	lease call:			
Jessica F	Hill		727 at (443-5656 ext. 314		
	(Na	me of Person)	(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 i	for the following amount:				
☑ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Georgia Fai	mily Restaurants, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
12/4/2012		
	(Date registered with Florida Department of State)	
M12000006	730	
	(Florida Document Number)	
This limited l	liability company is withdrawing its certificate of authority in this state.	•
	(Signature of authorized representative)	÷.
	Nicholas Peters	15 See
,	(Typed or printed name of signee)	15 JAN 28 AM IO: 11 CURCTARY OF STATE LABASSEL FLORID

Filing Fee: \$25.00