

**M16000001115**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

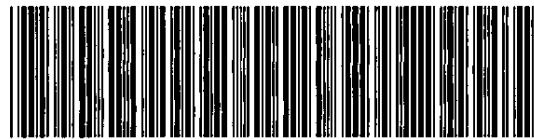
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/25/17--01008--012 \*\*25.00

FILED  
17 APR 24 PM 11:09

CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA

RECEIVED  
2017 APR 24 AM 11:48  
STATE COURT CLERK  
TALLAHASSEE, FLORIDA

APR 27 2017  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ANDREW'S BAKERY AND CAFE, 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:

TIMEA CSIKOS  
(Contact Person)

ANDREW'S BAKERY AND CAFE, LLC  
(Firm/Company)

4832 CORTEZ RD W  
(Address)

BRADENTON FL 34210  
(City/State and Zip Code)

For further information concerning this matter, please call:

TIMEA CSIKOS at ( 941 ) 320-2206  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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



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 company as it appears on the records of the Florida Department of State is: ANDREW'S BAKERY AND CAFE, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

M16000001115

3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL 21, 2017

4. I, TINEA CSIKOS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Ante R1

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 APR 24 PM 4:09