# M2200000580

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

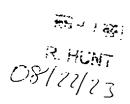
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### **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: Florida Cuisine 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:		
Pamela S. Stumph (Contact Person)		
(Firm/Company)	2	10
10832 Dennington Rd (Address)	2023 AUG :	A MOISIARD
Fort Mycr3 FL 33913 (City/State and Zip Code)	22 PM I2: 40	1074987 1074987
For further information concerning this matter, please call:	0 با ن	
Panela S. Stumph at (843) 810 - 4250 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee		

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 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)

1.	The name of the limited liability company as it appears on the records of the Florida Department
	of State is: Florida Guisine, 44C
2.	The Florida document/registration number assigned to this limited liability company is:
	m22000000580
3.	The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{2/1/23}{}$
	I. Thomas A. Stumph, hereby withdraw/resign as a (Print Name of Person Resigning)
	Manager (Prim Title)
	of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
	Thomas a Ditting
	Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: