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(Requestor's Name)	
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

SUBJECT: AJIACO'S COLOMBIA	A FOOD, UC
(Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Ramon Reepes	
(Contact Person)	
Ramon Reyes P.A.	
(Firm/Company)	
5035 Palm Ave	
(Address)	
Haleah, FC 33012	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
<u>Pamon Rujes</u> at 305,	822. 0669
	Daytime Telephone Number)
Epclosed please find a check made payable to the Florida Dept. \$25 Filing Fee \$25 Filing F	partment of State for: See & Certified Copy
STREET/COURIER ADDRESS:	AAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 Cal.	. Barta d Pal Ota	•,	.1	1	ed et	· 1 - D		
of State is:	ATIACO'S CO					-	rtment 	t
	ument/registration number	assigne	d to this li	mited liabil	lity compa	any is:		
3. The date this me	ember/manager withdrew/r	esigned	or will wi	thdraw/resi	gn is: <u>C</u>	A. 25	.14	
4. I, AUDE	Name of Person Resigning)			ithdraw/res				
MAN	AGEQ (Print Title)							
of this limited lia resignation in w	ability company and affirm riting.	the limi	ted liabilit	y company	has been	notified	of my	
	Solu		>					
Signature of D	issociating Member or Res	igning N	Manager			**		
ביוי פ	#25.00 /P : N					<b>;</b> * .	14	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						0CT -2 PM	FEED
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