

L13000051205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

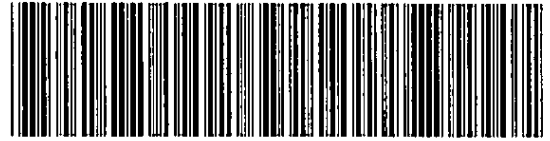
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 AUG -5 AM 11:00

RECEIVED
STATE
OF CONNECTICUT
DEPARTMENT OF REVENUE

Disc of number

AUG 05 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

ATTN: DIANE CUSHING

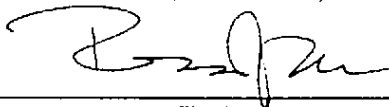
SUBJECT: SHIMASU LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing

Please return all correspondence concerning this matter to

ROSARIA PUGLIESE

(Contact Person)



(Firm/Company)

1250 SOUTH MIAMI AVE # 2902

(Address)

MIAMI FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSARIA PUGLIESE

(Name of Contact Person)

at (305) 720 66 22

(Area Code & Daytime Telephone Number)

ROSARIA 8000 @ GMAIL . COM

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

19 AUG -5 AM 11:00

RECEIVED
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2019

ROSARIA PUGLIESE
SHIMASU LLC
1250 S MIAMI AVE., #2902
MIAMI, FL 33130

SUBJECT: SHIMASU LLC
Ref. Number: L13000051205

We have received your document for SHIMASU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This change was made on the 2018 annual report. So the attached is not needed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00011548



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: SHIMASU LLC

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

L130000 S1205

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-26-2019

4. I, MORENO YOLANDA C., hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

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

Yolanda C. Moreno

Signature of Dissociating Member or Resigning Manager

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

19 AUG -5 AM 11:00

FILE
DIVISION OF CORPORATIONS