# L14000052224

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ 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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TATION OF PARTS IN TAILS

UUL 28 2014 T. CARTER

Uc Member Resign

#### MARINA BENTATA SKORNICKI, P.A.

21050 POINT PLACE, UNIT 701 AVENTURA, FLORIDA 33180

Marina Bentata Skornicki, Esq./Abogado E-mail.mbentatas@gmail.com TELEPHONE: (305) 335-9821 TELEFAX: (305) 792-9560

July 9, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to the Articles of Organization of True Foods, LLC, and Resignation of Manager and Registered Agent

Dear Sir/Madam,

Attached please find the following original documents duly signed:

- 1. Cover Letter and Amendment to the Articles of Organization of True Foods, LLC
- 2. Cover Letter and Resignation of the Manager of True Foods, LLC
- 3. Cover Letter and Resignation of the Registered Agent of True Foods, LLC

In addition, attached please find a check in the amount of One Hundred Thirty-Five Dollars (\$135.00) representing the filing fees of all of the documents listed above.

Please process accordingly.

Sincerely,

Marina Bentata Skornicki, P.A.

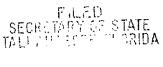
- Marina Bentata Skornicki, Esq.

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: True Foods, LLC		
(Name of Limit	ted Liability Company)	
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to:	
Marina Bentata Skornicki, Esq.		
(Contact Person)		
Marina Bentata Skornicki, P.A.		
(Firm/Company)		
20700 West Dixie Highway		
(Address)		
Aventura, Florida 33180		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Marina Bentata Skornicki, Esq.	305 335-9821	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  \$\square\$ \$\\$55\$ Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (2/14)





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### 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 of State is:	limited liability company as it appears on the records of the Florida Department Foods, LLC
2. The Florida doc L1400005222	ument/registration number assigned to this limited liability company is:  4
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 06/30/2014
4. I,	vinovsky, hereby withdraw/resign as a lane of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)