

L14000052224

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 29 2014

T. CARTER

RA Resign (LLC)

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.

By: 

Marina Bentata Skornicki, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Foods, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000052224

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marina Bentata Skornicki, Esq.
Name of Person

Marina Bentata Skornicki, P.A.
Name of Firm/Company

20700 West Dixie Highway
Address

Aventura, Florida 33180
City/State and Zip Code

mbentatas@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marina Bentata Skornicki, Esq at (305) 335-9821
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jacobo Luidvinovsky, hereby resigns as
Name of Registered Agent

Registered Agent for True Foods, LLC
Name of Limited Liability Company

L14000052224
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

FILED
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FLORIDA
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