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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INNOVATED CULINARY GROU	· · · · · · · · · · · · · · · · · · ·
(Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
ARTURO VARGAS Miguel (1:1)) ra.g
(Contact Person)	
(Firm/Company)	
(t	
325 SOUTH BISCAYNE BLVD # 3823	
(Address)	
MIAMI FL. 33131	
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
MIGUEL CHIBRAS	786 8972016 Area Code & Daytime Telephone Number)
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	Florida Department of State for: 555 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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 l	Florida De	partment
of State is:	OVATED CULINARY GROU	P LLC.		·
2. The Florida docu L15000142441	ment/registration number assig	gned to this limited liability co	mpany is:	18
<u> </u>		············	•	Įm-
3. The date this men	mber/manager withdrew/resign	ed or will withdraw/resign is:	8/10/18	报 2
4. 1, MIGUEL ANGEL CHIBRAS , hereby withdraw/resign as (Print Name of Person Resigning)			1.25	
(Print No	ame of Person Resigning)			က
AMBR .			٠.	<u> </u>
(Print Title)			
of this limited liab resignation in wri	oility company and affirm the liting.	imited liability company has b	een notific	ed of my
Signature of Dis	ssociating Member or Resignin	g Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			