

L18 000040849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMANDALIZE 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:

HECTOR HERNANDEZ  
(Contact Person)

AMANDALIZE LLC  
(Firm/Company)

5150 SW 6 STREET  
(Address)

MARGATE FL. 33068  
(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR HERNANDEZ at ( 954 ) 234-3072  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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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 limited liability company as it appears on the records of the Florida Department of State is: AMANDALIZE LLC

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

L18000040849

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3-10-2020

4. I, AMANDA HERNANDEZ, 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.

[Signature]  
Signature of Dissociating Member or Resigning Manager

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