120000107131

(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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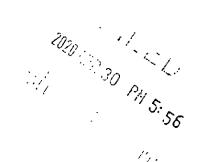
MAY 1 4 2020 I ALBRITTON

COVER LETTER

ŢO:	Regi	stration Section		
	Divis	sion of Corporations		••
SUBJ:	ECT:	TARAMAR ALBERT CHEF, L	LC	
		(Name of	Limited Liability C	Company)
The en	nclosed	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to	o:
ALBER	RTO RO	ODRIGUEZ		
		(Contact Person)		
ALBER	RTO RO	ODRIGUEZ/ TARAMAR ALBER	RT CHEF, LLC	
		(Firm/Company)		
3513 S	SW 3 S	т		
		(Address)		
MIAMI,	FL 33	135		
		(City/State and Zip Code)		
For fur	ther in	nformation concerning this n	natter, please cal	l:
ALBER	RTO RC	DDRIGUEZ	786 at (925-1359
	(N	ame of Contact Person)		de & Daytime Telephone Number)
Enclos	ed plea	ase find a check made payab	le to the Florida	Department of State for:
■ \$ 25				ng Fee & Certified Copy
	Mailin	g Address:		Street Address:
	Regis	tration Section		Registration Section
		ion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	ranar	nassee, FL 32314		2415 N. Monroe Street, Suite 810
	7 (21)(4)	143000, 113 3231 1		Tallahassee, FL 32303







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 a	s it appears on the records of the Florida Department
of State is:	AMAR ALBERT CHEF, LLC	
2. The Florida doc L20000107131	ument/registration number a	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4 I IVONNE M HU	RTADO	haraby withdraw/racian as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
	REPRESENTATIVE	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company has been notified of my
Signature of D	ssociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	