L2100069878

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(R	equestor's Name	
(Address)		
(Address)		
(C	ity/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity N	ame)
(D	ocument Numbe	r)
Certified Copies	Certificat	es of Status
Special Instructions to	Filing Officer:	
	Office Use C	Only Oan a



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COVER LETTER

TO: .	Registration Secti Division of Corpo		
SUBJE	ECT: <u>Sa</u> N	José Destributores LLC (Name of Limited Liability Company)	
The en	closed member, re	signation or dissociation and fee(s) are submitted for filing.	
Please	return all correspo	ndence concerning this matter to:	
	Luis M	ntset Person)	
	(Co		
		2 00	-1 -1 -1 -1
	(Fi	m/Company)	:: ::
16	,461 sw	m/Company) 2 Sth 5t Address)	TURK BY SON UNITED TO
	(Address)	:
$-\mu$	INAMAR	Address) FL 33027 tate and Zip Code)	;
	(City/S	tate and Zip Code)	
For fur	ther information d	oncerning this matter, please call:	
	_U\S Me (Name of Conta		
	(ivame of Conta	eł Person) (Area Code & Daytime Telephone Number)	
	ed please find a ch Filing Fee	eck made payable to the Florida Department of State for:	
	Mailing Address: Registration Sect	on Street Address: Registration Section	
	Division of Corp		
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 3	2314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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)

d liability company as it appears on the records of the Florida De	partment
Jose Distributors LLC	·
registration number assigned to this limited liability company is:	
069878	
manager withdrew/resigned or will withdraw/resign is: $9/30$	/202Z
Person Resigning), hereby withdraw/resign as a	
company and affirm the limited liability company has been notific	ed of my
all	22.
ting Member or Resigning Manager	22 0CT
5.00 (Required) 0.00 (Optional)	
	registration number assigned to this limited liability company is: \[\begin{align*} \begin{align*}