

# L23000182608

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

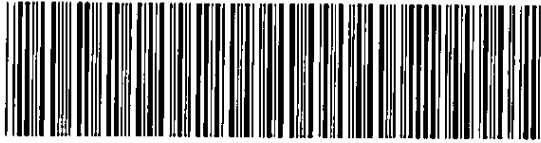
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HUELLAS VET 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:

Carola Olses  
(Contact Person)

Cafes W LLC  
(Firm/Company)

21040 NE 2nd CT  
(Address)

Miami FL 33179  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2023 DEC 22 PM 3:18  
[Handwritten initials]

For further information concerning this matter, please call:

Carola Olses at 786 5699706  
(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



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: HUELLAS VET LLC

2. The Florida document/registration number assigned to this limited liability company is: L23000182608

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 26, 2023

4. I, Natalia Ledezma, hereby withdraw/resign as a Manager of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  
*(Print Name of Person Resigning)*  
*(Print Title)*

Signature of Dissociating Member or Resigning Manager

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TALLAHASSEE, FL

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