

L12000 160394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

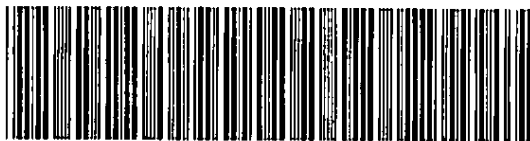
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300327053343

04/01/19--01029--001 ++30.00

2019 APR - 1 P 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

4/1/19 QS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA NUEVA ERA CAFE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO CESAR CHEVALIER GERMAN

Name of Person

LA NUEVA ERA CAFE, LLC

Firm/Company

3517 NW 17TH AVENUE

Address

MIAMI, FLORIDA 33142

City/State and Zip Code

MILLIES@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO CESAR CHEVALIER GERMAN

786

2220434

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2019 APR - 1 P 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: LA NUEVA ERA CAFE, LLC

2. The Florida document/registration number assigned to this limited liability company is: L12000160394

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/29/2019

4. I, DILENIA A. MALDONADO, 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.

Dilenia Maldonado
Signature of Dissociating Member or Resigning Manager

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