

W02000010494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

W02-10494

(Document Number)

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STATE
TALLAHASSEE
FLORIDA

06 JAN 27 PM 2:10

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

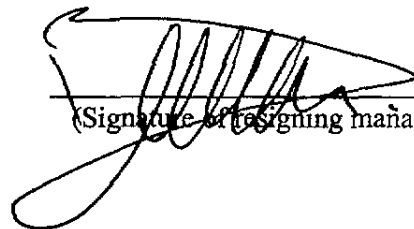
RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, HASSAN BENJELLOUN, hereby resign as Partner
(Title)

of La Factoria LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.


(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE FLORIDA