

LD4000046215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

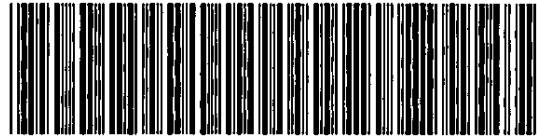
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2007

JAIRO GONZALEZ
4142 W. OAKRIDGE RD, SUITE 102
ORLANDO, FL 32809

SUBJECT: LAS AMERICAS BAKERY OF ORLANDO, LLC
Ref. Number: L04000046215

We have received your document for LAS AMERICAS BAKERY OF ORLANDO, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 207A00046465

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAS AMERICAS BAKERY OF ORLANDO, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000046215

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIRO GONZALEZ

(Name of Person)

CONTAXGONZALEZ SERVICE CORP

(Name of Firm/Company)

4142 W. OAKRIDGE RD STE 102

(Address)

ORLANDO, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

JAIRO GONZALEZ

(Name of Person)

at (407) 352-4897

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAS AMERICAS BAKERY OF ORLANDO, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JAIRO GONZALEZ

(Contact Person)

CONTAXGONZALEZ SERVICE CORP

(Firm/Company)

4142 W. OAKRIDGE RD STE 102

(Address)

ORLANDO, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

JAIRO GONZALEZ

(Name of Contact Person)

at (407) 352-4897

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRET
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TALLAHASSEE, FLORIDA

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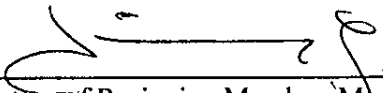
FILE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LAS AMERICAS BAKERY OF ORLANDO, LLC.
2. This limited liability company was organized under the laws of:
FLORIDA.
3. The Florida document/registration number of this limited liability company is:
L04000046215.
4. I, LUIS GARCIA, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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