# L05000035256

(Re	equestor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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C. LEWIS

AUG 3 1 2010

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Torelli's Gournet Foods, LC (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:
William Brandon DeCandido (Contact Person)
Torellis Gournet Foods, Inc.
9810 Lake Georgia Drive
Orlando Florida 32817 (City/State and Zip Code)
For further information concerning this matter, please call:    Ultrage   1
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

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

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

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SECRETARY OF STATE TALLAHASSEE FLORIDA

### 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: Torelli's Gournet Foods, LLC.
2. This limited liability company was organized under the laws of:
Florida Department of State Division of Cooperations
Florida Profit Corporation
3. The Florida document/registration number of this limited liability company is:
# L05000035256
4. 1, William Brandon DeCandidohereby resign as a MBRM
(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.
Will it Doctor
Signature of Resigning Member, Managing Member or Manager

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

