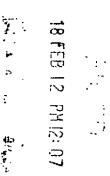
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| (Re | equestor's Name) | <u></u> |
|---|--------------------|-------------|
| (Ac | ddress) | |
| (Ad | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | : |
| | | |

Office Use Only



02/12/18--01026--022 **25.00



O SIMMONS FEB 1.5 20:3

COVER LETTER

| | Registration Section Division of Corporations | | |
|---|---|---------------------|---|
| SUBJEC | ***** | | |
| | (Name of L | imited Liability Co | mpany) |
| The encl | losed member, resignation or disso | ociation and fee(s | s) are submitted for filing. |
| Please re | eturn all correspondence concernir | ig this matter to: | |
| Doris E | Cardelle | | |
| | (Contact Person) | | _ |
| | | | |
| | (Firm/Company) | | |
| 10264 \$ | SW 127 Court | | |
| | (Address) | | _ |
| Miami, | FL 33186 | | |
| , | (City/State and Zip Code) | | _ |
| For furth | ner information concerning this ma | atter, please call: | |
| Doris E | Cardelle | 305 | 385-2469 |
| | (Name of Contact Person) | (Area Code | : & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \text{\$\text{S25 Filing Fee}}\$\$ \Bigsir \text{\$\text{\$\text{S55 Filing Fee}}\$\$ & Certified Copy | | | |
| • | T/COURIER ADDRESS: | | MAILING ADDRESS: |
| - | tion Section of Corporations | | Registration Section Division of Corporations |
| Clifton I | | | P.O. Box 6327 |
| 2661 Ex | ecutive Center Circle | | Tallahassee, Florida 32314 |
| Tallahas | see, Florida 32301 | | |

CR2E079 (2/14)



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FI ORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| 1. The name of the | e limited liability company as it appears on the records of the Florida Department |
|--------------------------------|--|
| of State is: Roy | rira Restaurant Latin Food LLC |
| 2. The Florida doc L050005160 | cument/registration number assigned to this limited liability company is: |
| 81-1- 84-4- | ember/manager withdrew/resigned or will withdraw/resign is: Feb 6, 2018 |
| 4. 1(Print : | , hereby withdraw/resign as a Name of Person Resigning) |
| Member- MC | |
| | (Print Title) |
| resignation in w | riving. Test Males Dissociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |