L07000021408

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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: FOOD CONCEPT LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
LUIS EDUARDO FAJARDO	
(Contact Person)	
FOOD CONCEPT LLC	
(Firm/Company)	
223 WEST 28TH STREET	
(Address)	
HIALEAH, FL 33010	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
LUIS EDUARDO FAJARDO	786 ₃ 306-6656
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as OD CONCEPT LLC	it appears on the record	s of the Florida Department
2. This limited liab	ility company was organized	l under the laws of:	
3. The Florida doct L0700002	ument/registration number of	f this limited liability cor	mpany is:
4. I, FRANCIS	CO CALDERON	, hereby resign as a	MANAGER MEMBER (Print Title)
(Print N	ame of Person Resigning)	· · ·	(Print Title)
of this limited lial resignation in wr	bility company and affirm thiting.	e limited liability compa	ny has been notified of my
Signature of Resi	igning Member, Managing N	fember or Manager	÷
		_	
Filing Fee:	\$25.00 (Required)		•
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)