

LO7000109911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

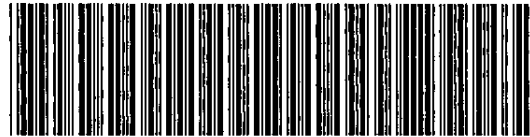
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242248698

12/10/12--01007--026 **25.00

FILED
2012 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
DEC 12 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pasha's Food Services 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:

Abigail Watts-Fitzgerald
(Contact Person)

40 Weiss Serota Helfman, et al.
(Firm/Company)

2525 Ponce de Leon Blvd, Ste 700
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 10 AM 8:00

FILED

For further information concerning this matter, please call:

Abigail Watts-Fitzgerald at (305) 854-0800
(Name of Contact Person) (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



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: Pasha's Food Services 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:

L07000109911

4. I, Nicolas Cortes, hereby resign as a Manager
(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]
Signature of Resigning Member, Managing Member or Manager

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

FILED
2012 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA