

LO9000121405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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17 JUL 12 AM 7:30  
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STATE OF TEXAS

JUL 13 2017  
J CHIVERS

06/27/2017

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
ATTN: REGISTRATION SECTION

RE: NO AUTHORIZATION TO USE PERSONAL NAME AS THE AR  
REQUEST OF DISSOLUTION OR RESIGNATION OF MEMBER FROM  
FLORIDA OR FOREIGN LLC

To Whom It May Concern:

I, Ana Paula Oliveira, would like to take this opportunity to inform that I worked for this company and the group but never gave any authorization to the attorneys whom represent the company or the owners to use my personal name for this purposes.

I tried several times and have the prove from many e-mails where I requested not only the attorney but also all the onwers to please take my name out of sunbiz as the AR.

They even promised to do it at some point but because they were having problems with the franchisee they told me that they couldn't do the changes.

I never accepted that as a final answer and insisted that no matter what was happening between them and the franchisee, I was not suppose to be there on the first place.

After a big frustration and receiving many calls from Florida Department of Revenue I had no other choice but to do it myself.

I am an honest American citizen, that was marriage to a federal agent and have a son to take care.

It is not fair and right for this group to use my name like this.

I was never a partner but only an employee that was following orders from my superiors.

Please feel free to contact me.

Thank you in advance for your especial attention on this matter and for taking the time to read my letter.

Best Regards,

  
Ana Paula Oliveira

305-4956868

786-4954863

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GIRAFFAS CAUSEWAY SQUARE, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

ANA PAULA OLIVEIRA

(Contact Person)

(Firm/Company)

14739 SW 9 TERRACE

(Address)

MIAMI, FL 33194

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA PAULA OLIVEIRA

786

495-4863

at ( )

(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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: GIRAFFAS CAUSEWAY SQUARE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000121405

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/27/2017  
ANA PAULA OLIVEIRA

4. I, ANA PAULA OLIVEIRA / AL, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
ANA PAULA OLIVEIRA / AL  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Ana Paula Oliveira  
Signature of Dissociating Member or Resigning Manager

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

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RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA