

L10 0000043077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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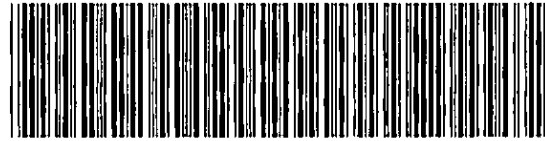
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GOOD EATS HOLDINGS, 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:

Avri Ben-Hamo, Esq.

\_\_\_\_\_  
(Contact Person)

Ben-Hamo Law, PLLC

\_\_\_\_\_  
(Firm/Company)

~~160 NW 4th Street~~ 2701 NW 2nd Ave, Suite 118

\_\_\_\_\_  
(Address)

Boca Raton, FL ~~33433~~ 33431

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Avri Ben-Hamo

at ( 561 ) 372-9091

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



10 - 11 2:05

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: GOOD EATS HOLDINGS, LLC

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

L10000043077

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 15, 2020

4. I, Ariela Leibovich, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

MGRM

*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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