# 1100059854

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	······
(Cit	y/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

JAG HÜTCH ENTERPRISES, 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:

Patrizia Ciofuli			
(Contact Person)		-	
(Firm/Company)		-	
8315 Boca Rio Dr			
(Address)		-	
Boca Raton, Fl 33433			
(City/State and Zip Code)		-	
For further information concerning this matter, p	lease call:		
Zenaida Rodriguez	754	422-2898	

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

CR2E079 (5/06)



### 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 it HUTCH ENTERPRISES, I		of the Florida	Departm	ent 
2. This limited liab Florida	ility company was organized u	nder the laws of:			
3. The Florida docu L1100005985	ment/registration number of th	his limited liability com	pany is:		
Patrizia Ciofu	нi	hereby resign as a	Manager		
4. I, Patrizia Ciofuli (Print Name of Person Resigning)			(Print Title)		
of this limited lial resignation in wri	pility company and affirm the liting.	limited liability compan	y has been not	ified of	my
Patri:	ti Og				
Filing Fee:	gning Member, Managing Me \$25.00 (Required) \$30.00 (Optional)	mber or Manager		TALLERASSE	13 MAR 29
оору.	(-F			FG	TO SECOND