

L11000104942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

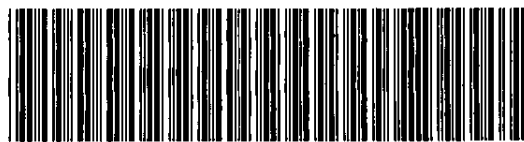
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Office Use Only

B. KOHR

JAN 20 2012

EXAMINER



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01/18/12--01021--002 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 18 AM 10:41
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DIVISION OF CORPORATIONS
12 JAN 18 PM 12:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HR GOOD FOOD 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:

HECTOR BARRIOS

(Contact Person)

HR GOOD FOOD LLC

(Firm/Company)

2642 N. ORANGE BLOSSOM TRAIL

(Address)

KISSIMMEE, FL 34744

(City/State and Zip Code)

For further information concerning this matter, please call:

HECTOR BARRIOS

(Name of Contact Person)

at (407) 962-6076

(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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

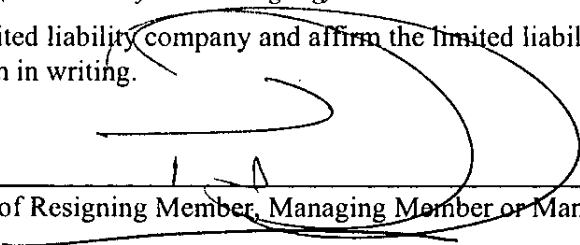
1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: HR GOOD FOOD LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L11000104942

4. I, DAVID F CARVAJAL, hereby resign as a MANAGER MEMBER
(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 of Resigning Member, Managing Member or Manager

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN 18 PM 12:24