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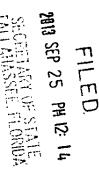
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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	Division of Corporations	
	SUBJECT: Executive Catering Services LLC	•
	(Name of Limi	ted Liability Company)
	The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
	Please return all correspondence concerning t	his matter to:
	David Lopez	
	(Contact Person)	
Agent and the second se	(Firm/Company)	ELESTON AND ALMENDE AND
	14732 Daybreak Dr	
	(Address)	
	Lutz, FL 33559 (City/State and Zip Code)	
	For further information concerning this matter	r, please call:
. ·	David Lopez	at (
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section

TO:

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

of State is:	EXECUTIVE CATERING SERV	ICES LLC	
2. This limited liab	vility company was organized unde	ਤਾ the laws of:	
3. The Florida doc L12000001	ument/registration number of this	limited liability comp	any is:
4.T David II.			
	opez Iame of Person Resigning)	, hereby resign as a	Managing Meml Print Title)
(Print N	Tame of Person Resigning) bility company and affirm the lim	-	(Print Title
(Print No. 1) of this limited lia resignation in wr	Tame of Person Resigning) bility company and affirm the lim	ited liability company	(Print Titl