

L120000380739

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : 120140000049
Phone : (766) 837-6787
Fax Number : (305) 718-0687

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: aviv@EPGDlaw.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMART BITES ENTERPRISES, LLC

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OCT 13 2021

S. PRATHER

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COVER LETTER

TO: Registration Section
Division of Corporations

SMART BITES ENTERPRISES LLC

SUBJECT: _____
(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:

AVIV ASOULIN

(Contact Person)

EPGD ATTORNEYS AT LAW, P.A.

(Firm/Company)

777 SW 37TH AVE SUITE 510

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

AVIV ASOULIN

786

837-6787

(Name of Contact Person)

at (_____) _____

(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



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
SMART BITES ENTERPRISES LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L12000097753

10/08/2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
WILLIAM FABIAN LTAIF

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
AUTHORIZED MEMBER

(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)

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