L12000103236

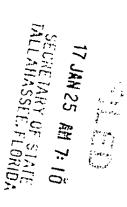
(Requestor's Name)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TROPICAL MEAT & P	
(Name	e of Limited Liability Company)
The enclosed member, resignation or	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
LUIS DAVILA	
(Contact Person)	
DAVILA 7 TORRES P.A.	
(Firm/Company)	
911 N.MAIN ST., STE. 5	
(Address)	
KISSIMMEE, FL. 34744	
(City/State and Zip Code	:)
For further information concerning thi	s matter, please call:
LUIS DAVILA	407 933-0307
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay \$25 Filing Fee	yable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, Fiorida 32314

CR2E079 (2/14)



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	e limited liability company as i	it appears on the records of the Florida	Department
of State is: TRO	OPICAL MEAT & PRODUC	E, LLC.	·
2. The Florida doc	ument/registration number ass	signed to this limited liability company	is:
L1200010323	6	·	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	2017
4. I, RAFAEL DARIO BAEZ (Print Name of Person Resigning), hereby withdraw/resign as a			
(Print N	lame of Person Resigning)	, noreey will all will be a sign as a	
MANAGER			
	(Print Title)	j	T co
of this limited lia resignation in wr	· · ·	limited liability company has been not	JAN 2
Roful Dan	issociating Member or Resigni	ing Manager	
·	\$25.00 (Required)	orio A	7:10 SIME
Certified Copy:	\$30.00 (Optional)		