# #112000103824

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nan | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   | :           |
|                         |                   |             |
| •                       |                   |             |

Office Use Only



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2014 MAR -6 PM 3: 30
SECRETARY OF STATE

K. SALY EXAMINER MAR 10 2014

### COVER LETTER

(Name of Limited Liability Company)

| Divisi   | Division of Corporations |         |            |  |
|----------|--------------------------|---------|------------|--|
|          |                          |         |            |  |
| SUBTECT. | 221                      | A-MDJQ- | Caterin Co |  |

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DAGO beat S. I and Cent AMOUR Caterin Co, UC (Firm/Company) 7-111 W. Commercial Blue City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) (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

CR2E079 (12/13)

TO:

Registration Section



2014 MAR -6 PM 3: 30 SECRETARY OF STATE FALLAHASSEE, FLORIDE

## FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

# RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| of State is:                   | he limited liability company as it appears on the records of the Florida Departmen  BUANDUR CONTERIO G  BEL AMOUR BANQUET HALL, LLC |
|--------------------------------|---|
| 2. The Florida d               | ocument/registration number of this limited liability company is:   |
| 3. The date this               | bienne Inocenter biene as a MGR   |
| 4. 1,                          | t Name of Person Resigning) (Print Title)   |
| of this limited resignation in | liability company and affirm the limited liability company has been notified of my writing.   |
| Signature of                   | Resigning or Dissociating Manager, Member   |
|                                |   |
| Filing Fee:                    | \$25.00 (Required)  |

\$30.00 (Optional)

Certified Copy: