

L12000124605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500251480035

09/12/13--01032--000 \*\*35.00

FILED

13 NOV -1 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch NOV 4 2013

P

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CM Cuisine and Events 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:

Mia Anzola Manrique  
(Contact Person)

CM Cuisine and Events LLC  
(Firm/Company)

2332 Galliano St.  
(Address)

Coral Gables, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mia Anzola M. at (786) 319 2735  
(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 (5/06)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2013

MIA ANZOLA-MANRIQUE  
2332 GALIANO ST  
CORAL GABLES, FL 33134

SUBJECT: CM CUISINE & EVENTS LLC  
Ref. Number: L12000124605

We have received your document for CM CUISINE & EVENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 113A00022518

*wrong forms*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2013

MIA ANZOLA-MANRIQUE  
2332 GALIANO ST  
CORAL GABLES, FL 33134

SUBJECT: CM CUISINE & EVENTS LLC  
Ref. Number: L12000124605

We have received your document for CM CUISINE & EVENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 113A00022518



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: CM CUISINE and Events 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:  
L12000124605

4. I Rosa Randall-Medina hereby resign as a Managing Partner  
(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)

CR2E079 (5/06)

FILED  
13 NOV - 1 11 4: 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA