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Account Number : I20040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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## 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)

	Palacio de la Comida LLC	it appears on the records of the I	Florida	Depa	rtment 
2. The Florida do		ssigned to this limited liability co	mpany	is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is  Maikel Carralero					
4. 1,(Prin	Name of Person Resigning) Manager	, hereby withdraw/resign as			
of this limited l		e limited liability company has b	een no	tificd	of my
			ALIANA ALIANA	15 JUN	<u> </u>
7	Dissociating Member or Resig \$25.00 (Required)	ning Manager	3355 F.S.		
	\$30.00 (Optional)			<u>ب</u>	

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