

# L 13000080814

(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



000251470910

09/09/13--01025--003 \*\*50.00

FILED  
13 SEP -9 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 12 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shallow Dish, 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:

Isis Valle, Esq.

(Contact Person)

Isis Valle, P.A.

(Firm/Company)

3625 NW 82 Avenue, Suite 401

(Address)

Miami, Florida 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Isis Valle

(Name of Contact Person)

at ( 305 ) 722-0606

(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



FILED  
13 SEP -9 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Shallow Dish, 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:  
L13000080814
4. I, Cristina Felpeto Delaney, hereby resign as a Manager  
*(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)