

# LB3000152129

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

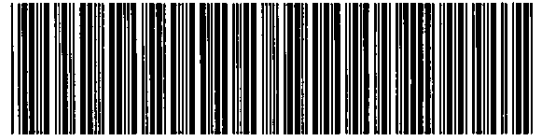
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffman FEB 10 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthy Meals Delivered, L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Douglas Zimmerman  
(Contact Person)

Healthy Meals Delivered, L.L.C.  
(Firm/Company)

57 701 S. Howard Ave Suite 106-137  
(Address)

Tampa FL 33606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas Zimmerman at (727) 542-8100  
(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



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: Healthy Meals Delivered, L.L.C.

2. The Florida document/registration number of this limited liability company is:  
L13000152729

3. The date this member withdrew or will withdraw is: February 1, 2014

4. I, Douglas Christian Zimmerman, hereby resign as a Member (owner)  
(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 or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)