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#### **COVER LETTER**

Division of Corporations	·
SUBJECT: Healthy Meals Deli (Name of Limited Liability Co	vered, L.L.C.
The enclosed member, resignation or dissociation and fee(	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Dougles 2. mmerman (Contact Person)	<u> </u>
Healthy Meals Delivered (Firm/Company)	<u>L</u> L.S .
-57 701 S. Howard Ave Sui.	te ·106 - 137
(City/State and Zip Code)	_
For further information concerning this matter, please call	
Douglas Zimmerman at (727 (Name of Contact Person) (Area Cod	542-8100 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida 1 \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	·

CR2E079 (12/13)



#### FILED 2014 FEB -6 AM II: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Florida Department dealthy Meals Delivered, L.L.C.	
	ument/registration number of this limited liability company is: 0152729	
3. The date this me	mber withdrew or will withdraw is: Feburary 1, 2014	
4. I, Dougla	s Christian Zimmerman hereby resign as a Member (au ame of Person Resigning) (Print Title)	יוורי)
of this limited lia resignation in wr	pility company and affirm the limited liability company has been notified of my ting.	
I		
Signature of Re	esigning or Dissociating Manager, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
Common Copy.	ψουνο (Ορμομαί)	