

L14 0000000701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

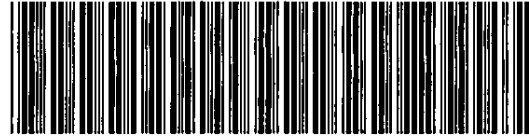
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2014 JAN 27 AM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oullgan

JAN 30 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MMMM CUISINE LLC  
(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:

**CATHERINE ODERMATT**

(Contact Person)

**MMMM CUISINE LLC**

(Firm/Company)

**194 NW 30TH ST**

(Address)

**MIAMI, FL 33127**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CATHERINE ODERMATT** at **(305) 764-1073**  
(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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2014 JAN 27 AM 3: 06

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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MMMM CUSINIE LLC

2. The Florida document/registration number of this limited liability company is:  
L14000000701

3. The date this member withdrew or will withdraw is: 01/22/2014

4. I, BRIAN DEL FIERRO, 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 or Dissociating Manager, Member

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