

L14000056274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

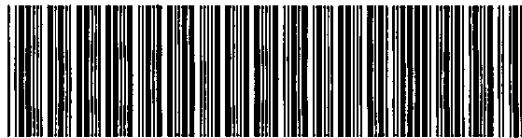
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 SEP 22 AM 11:24

C. Lewis  
9-29-14

**JOSE  ACOSTA**

September 18, 2014

Registration Section  
Division of corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re:   Petitioner: JOSE ACOSTA LLC  
      Employee: JOSE AURELIO ACOSTA MENDEZ**

Dear Sir or Madam:

May this letter to request the withdrawal of my name Jose Aurelio Acosta Mendez as a Member in JOSE ACOSTA LLC. It must appear in "Authorized Person(s) Detail" only Mr. Pablo Martinez Gonzalez as a General Manager.

Thank you for your prompt consideration to this application

Sincerely,



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JOSE ACOSTA LLC  
By: Jose Aurelio Acosta Mendez  
Title: Member  
Date: September 18, 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Remove MEMBER in Jose Acosta 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:

PABLO MARTINEZ

(Contact Person)

JOSE ACOSTA LLC

(Firm/Company)

1441 LINCOLN RD #302

(Address)

MIAMI BEACH, FL , 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO MARTINEZ

(Name of Contact Person)

at ( 305 ) 7411398  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 SEP 22 AM 11:24

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)

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

2. The Florida document/registration number assigned to this limited liability company is:

L14000056274

3. The date this member/~~manager~~ withdrew/~~resigned~~ or will withdraw/~~resign~~ is: 09/18/2014

4. I, JOSE AURELIO ACOSTA MENDEZ, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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