

L14 000065291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

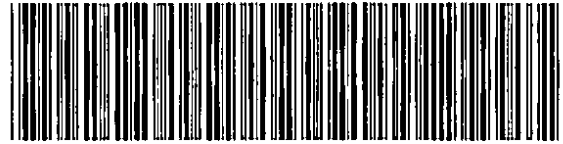
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100390128761

11/22/22--01024--020 **25.00

SECRET
TALLAHASSEE, FL

2022 NOV 21 PM 1:29

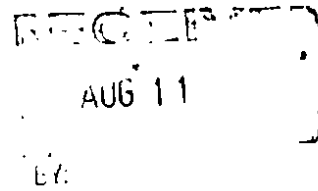
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

Restaurant Florida Investments LLC

SUBJECT: _____
(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:

Samanta Martinez

(Contact Person)

My Ceviche Florida Project Manager LLC

(Firm/Company)

1200 Brickell Ave Ste 1950

(Address)

Miami FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Samanta Martinez

305

9611610

(Name of Contact Person) at (_____) _____
(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

SAMANTA MARTINEZ
MY CEVICHE FLORIDA PROJECT MANAGER LLC
1200 BRICKELL AVE STE 1950
MIAMI, FL 33131

SUBJECT: RESTAURANT FLORIDA INVESTMENTS LLC
Ref. Number: L14000065291

We have received your document for RESTAURANT FLORIDA INVESTMENTS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00024988

2022 NOV 21 PM 1:51



FILED

2022 NOV 21 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FL

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
Restaurant Florida Investments LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L14000065291

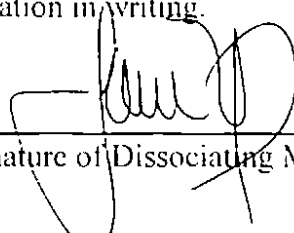
December 31st 2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
Samanta Martinez for My Ceviche Florida Project Manager LLC

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Class B Member and Manager.

(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)