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(Requestor's Name)					
(Address)					
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(City.	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: RUNAS PERUVIAN CUISINE L. L. (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:						
TOWN DOMIN GUEZ  (Consoct Person)  Trim/Company)  219 NONTH 215t. AVE  (Address)  (Address)  (City/State and Zip Code)						
For further information concerning this matter, please call:						
TONY DOMINOVEZ at (354) 991 82 48 (Area Code & Daytime Telephone Number)						
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{\mathbb{G}}\$ \$25 Filing Fee & Certified Copy						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahasser, Florida 32314						

Tallahassee. Florida 32301

CR2E079 (2/14)



## 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 liabil	ity company as it.	appears on the reco	rds of the Florida Department
of State is:	UNAS	PENUVIAN	CUISINE	L. L. C.
	-	_	gned to this limited	liability company is:
L 140001				1 1
3. The date this me	mber/manage	r withdrew/resign	ed or will withdraw	$\frac{7}{3}$ /resign is: $\frac{7}{3}$ /17
4. I. <u>LU/S</u> (Print N	SAN ame of Person b	705 Resignings	hereby withdray	v/resign as a
NEMBER	/owner			
	(Print Title)			
of this limited lial resignation in wri		y and attirm the li	imited liability com	pany has been notified of my
		<del></del>	~	
Signature of Di	ssociating Me	ember or Resignin	ig Manager	
Filing Fee:	\$25.00 (R	equired)		
Certified Copy:	\$30.00 (O	ptionai)		