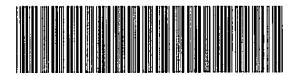
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•
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Respondition

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Patio tapas and (Name of Limited Liability)	beer ity Company)
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Bryant Fajardo (Control Person)	
Patio tapas and beer 11c (Firm/Company)	
205 SE 1st AVE (Address)	
Boca Raton FL 33432 (City/State and Zip Code)	
For further information concerning this matter, please	call:
Bizant Fajardo at (56) (Name of Lontact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
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

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:	atio tapas and beer LLC
	ment/registration number assigned to this limited liability company is:
	4000191768
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{12 3 2 }{ 2 }$
4.1. <u>Nathalia</u>	Foug(Co, hereby withdraw/resign as a fame of Person Resigning)
	(Prim Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Mathalia	Sociating Member or Resigning Manager
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
-	\$30.00 (Optional)