

144000191769

CANDIDA TREMOL
(Requestor's Name)

4963 SW. 91 Way
(Address)

(Address)

GAINESVILLE FL 32608
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

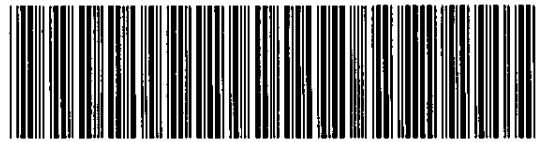
EL MILA GRO
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO APPOINTMENT
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TALLAHASSEE, FLORIDA

2015 JUL 23 A 10:38

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JUL 23 2015
J. BRUCE



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: EL MILAGRO RESTAURANT, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000191769

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 26, 2015

4. I, CANDIDA A. TREMOL, 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.

Candida Tremol

Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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