

L1500005756\$

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 27 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOJALDME LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDUARDO GOLDSSTEIN
Name of Person

HOJALDME LLC.
Firm/Company

7545 EAST TREASURE DRIVE #4H.
Address

NORTH BAY VILLAGE, 33141.
City/State and Zip Code

MARIANO.BELTNAME@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy DUVALL at (786) 543 7036
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: HOJALORE LLC

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

L15000057565

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-22-15

4. I, Guillermo Gleizer, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member - Manager
(Print Title)

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

Guillermo Gleizer
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