

L15000070135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

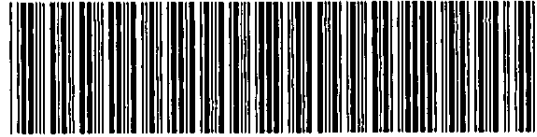
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/11/15--01005--011 **25.00

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DEPARTMENT OF STATE
15 DEC 11 PM 12:41
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SUFFICIENCY OF FILING

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15 DEC 11 AM 11:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2015
Y SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

AL BARAKA, LLC

Signature _____

Requested by: Seth

12/11

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AL BARAKA, LLC

(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:

Michele Diglio-Benkiran, Esquire

(Contact Person)

NEJAME LAW, P.A.

(Firm/Company)

189 South Orange Avenue, Ste. 1800

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELE DIGLIO-BENKIRAN, ESQUIRE at 407 500-0000

(Name of Contact Person)

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



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: AL BARAKA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
115000070135

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/8/2015

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

Authorized Member

(Print Title)

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

Farid Haddad

Signature of Dissociating Member or Resigning Manager

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

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