L150000 80737

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COVER LETTER

•	istration Section sion of Corporations		, ,
SUBJECT:	ROCHA E AMARAL FOODS LLC		
GODOCCI.	(Name of Limited	d Liability Con	apany)
The enclose	d member, resignation or dissociati	ion and fee(s) are submitted for filing.
Please retur	n all correspondence concerning th	is matter to:	
Marci Lowma	ın, Esq.		
	(Contact Person)		
Lowman Law	. P.A.		
	(Firm/Company)	,	-
8620 NE 2 Av	zenue .		
	(Address)		
Miami, Florid	a 33138		
	(City/State and Zip Code)		-
For further	information concerning this matter.	please call:	
Marci Lowma		786 it (703-4162
()	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	ease find a check made payable to bag Fee		Department of State for: g Fee & Certified Copy
Reg Divi P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company	as it appears on the records of the Florida Department.
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L15000080737		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
Vanessa Amaral	Do Danie	, hereby withdraw/resign as a
	Vame of Person Resigning)	· · · · · · · · · · · · · · · · · · ·
Authorized Mem	ber	•
	(Print Title)	
resignation in w	Tuxon 2	the limited liability company has been notified of my
Signature of D	ssociating Member or Res	igning Managet
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (2/14)

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