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L15000 206379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

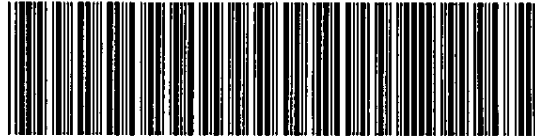
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP - 7 -

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PANADERIA Y CAFETERIA LA HIDALGUENSE, 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:

JORGE SAAVEDRA

(Contact Person)

AMERICA INCOME TAX

(Firm/Company)

2896 FOREST HILL BLVD.

(Address)

PALM SPRINGS, FL 33406

(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO DIAZ

(Name of Contact Person)

at 561 541-7703

(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

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2016 SEP -6 PM 5:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: PANADERIA Y CAFETERIA LA HIDALGUENSE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000206379

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/01/2016

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

MANAGER

(Print Title)

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

Armelis A. Calles  
Signature of Dissociating Member or Resigning Manager

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