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Office Use Only



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COVER LETTER

| TO: | Registration Section | | |
|-------------|---|--------------------|---|
| | Division of Corporations | | |
| SUBJ | JECT: GOURMET305 LLC | | |
| | (Name of Lin | nited Liability Co | mpany) |
| The e | enclosed member, resignation or dissoc | iation and fee(| s) are submitted for filing. |
| Please | e return all correspondence concerning | this matter to: | |
| ALEX | XANDRA C CASTANO | | |
| | (Contact Person) | | uaun. |
| ACC | CONSULTING SERVICES | | |
| | (Firm/Company) | | _ |
| 175 (| FONTAINEBLEAU BLVD 2G2 | | |
| | (Address) | | _ |
| MIAN | MI, FL 33172 | | |
| | (City/State and Zip Code) | | _ |
| For fu | urther information concerning this matt | ter, please call: | |
| ALEX | XANDRA C CASTANO | 786 at (| 287-1693 |
| | (Name of Contact Person) | | e & Daytime Telephone Number) |
| | osed please find a check made payable if 5 Filing Fee | | Department of State for: g Fee & Certified Copy |
| | EET/COURIER ADDRESS: | | MAILING ADDRESS: |
| _ | stration Section | | Registration Section |
| | ion of Corporations on Building | | Division of Corporations P.O. Box 6327 |
| | Executive Center Circle | | Tallahassee, Florida 32314 |
| | hassee, Florida 32301 | | rananassoo, Pionaa 32314 |

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)

| 1. The name of the li | mited liability company as | s it appears on the records of the | Florida Department |
|---|----------------------------|-------------------------------------|--------------------|
| of State is: | RMET305 LLC | | · |
| 2. The Florida docum L16000025160 | nent/registration number a | ssigned to this limited liability o | company is: |
| 3. The date this mem | ber/manager withdrew/res | signed or will withdraw/resign is | 08/25/2017 |
| 4. I, MONICA BER | INCUA | , hereby withdraw/resign a | A ASE |
| | ne of Person Resigning) | , hereby withdraw/resign a | AR A |
| AMBR | | | AN SO |
| (P | Print Title) | | THO DO |
| of this limited liabi resignation in writi | | ne limited liability company has | beet wified of my |
| | J | | \$ T |
| Signature of Diss | sociating Member or Resig | ning Manager | |
| Filing Fee: | \$25.00 (Required) | | |