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(City/State/Zip/Phone #)	05/22/1701019021 **55.00
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: EL GAUCHO INCA 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:

Rocio Navarrete

(Contact Person)

El Gaucho Inca, LLC

(Firm/Company)

17268 Lee Road

(Address)

Fort Myers FL, 33967

(City/State and Zip Code)

For further information concerning this matter, please call:

Rocio Navarrete	239	601-3202
	_ at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\Box\$ \$\\$25 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

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 limited liability company as it appears on the records of the Florida Department of State is: _____

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

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	his member/manager withdrew/resigned or will withdraw/resign is: _	5/ 16/2 0	MAY 22 AF	All and a second
(Print Name of Person Resigning) MEMBER / MANAGER		JE SJATI - ELOMU	H 7: ES	ĝ ₽ĝ trekerentej t _{reator} d
(Print Title)			-	

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

Signature of Dissociating Member or Resigning Manager

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