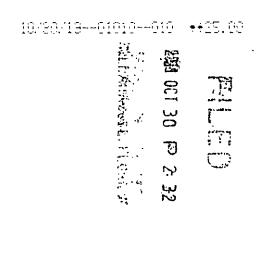
460000 66271

	(Requestor's Name)						
(Åddress)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UI	P WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certified Copies	ertified Copies Certificates of Status						
Special Instructions to Filing Officer:							
<u></u>							

Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporation	s
SUBJECT: Fuego Tacos LL	C
	(Name of Limited Liability Company)
The enclosed member, resignat	ion or dissociation and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to:
Kyle Tait	
(Contact Pe	rson)
Fuego Tacos LLC	
(Firm/Com	рапу)
7812 White Ash st.	
(Address)
Orlando, FL, 32819	
(City/State and	Zip Code)
For further information concern	ning this matter, please call:
Kyle Tait	864 804-7180
(Name of Contact Pers	
•	ade payable to the Florida Department of State for:
S25 Filing Fee	□ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRE	CSS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 t	he limited liability cor	mpany as it ap	pears on the rec	cords of the	Florida	a Department
of State is:	iego Tacos LLC					
2. The Florida d	ocument/registration n	umber assign	ed to this limite	d liability o	ompan;	y is:
3. The date this	member/manager with	drew/resigned	d or will withdra	aw/resign is	06/1 5	5/2019
4. I, Donaldson	Joseph		, hereby withdr	aw/resign a	as a	
	t Name of Person Resignii	ng)	-, ,	U		•
Vice Presid	ent				200	
	(Print Title)			r.	<u> </u>	773
of this limited resignation in	liability company and writing.	affirm the lim	nited liability co	mpany has	been no	otified of my
	DONADZ	Joed	<u>~</u>		ري دري	U
-	Dissociating Member		Manager	90 mg -	36	
Filing Fee:	S25.00 (Require	:a)				

Certified Copy:

\$30.00 (Optional)