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Office Use Only



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#### **COVER LETTER**

Division of Corporations

SUBJECT: HER BUKERY Cooks Distributors 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:

HER BUKERY Cooks Distributors / L.C. (Firm/Company)

HER BUKERY COOKS DISTRIBUTORS / L.C. (Firm/Company)

HER BUKERY COOKS DISTRIBUTORS / L.C. (Firm/Company)

For further information concerning this matter, please call:

LELSA HER LEGGLERY at (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

\$25 Filing Fee

TO:

Registration Section



### 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 TR Bakovs, LLC |
|--|---|
| 2. The Florida doci                    | iment/registration number assigned to this limited liability company is:                        |
| 81-2                                   | 695605  |
| 3. The date this me                    | mber/manager withdrew/resigned or will withdraw/resign is:                                      |
| 4.1. TERES Print N                     | A RODRICUES, hereby withdraw/resign as a ame of Person Resigning)  A RODRICUES  (Print Title)   |
| of this limited lial resignation in wr | oility company and affirm the limited liability company has been notified of my ting.           |
| 18(8)6                                 | Rodi Gres   |
| Signature of Di                        | ssociating Moniber or Resigning Manager   |
| Filing Fee:                            | \$25.00 (Required)  |
| Certified Copy:                        | \$30.00 (Optional)  |