(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	5/18/2
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COVER LETTER

-	ion of Corporations		
SUBJECT:	LOS BOCADOS, LLC		
DOBOLOT.	(Name of	f Limited Liability Co	ompany)
The enclosed	l member, resignation or dis	ssociation and fee((s) are submitted for filing.
Please return	all correspondence concern	ning this matter to	:
Eric Rayman, I	∃sq.		
	(Contact Person)		_
Eric J Rayman.	. PA		
	(Firm/Company)		_
615 NE Third	Avenue		
	(Address)		_
Fort Lauderdale	e, Florida 33304		
	(City/State and Zip Code)		
For further in	nformation concerning this i	matter, please call	:
Eric Rayman		954 at (525-9995
(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed plea	ase find a check made paya	ble to the Florida	Department of State for:
\$25 Filing	, Fee	□ \$55 Filin	g Fee & Certified Copy
	eg Address:		Street Address:
	tration Section ion of Corporations		Registration Section Division of Corporations
P.O. I	Box 6327		The Centre of Tallahassee
Tallal	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 Fl	orida Department	
of State is: LOS	BOCADOS, LLC			
2. The Florida docu L16000124285	ument/registration number as	signed to this limited liability com	ıpany is:	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: _	December 26, 2022	
4. I. Robert Bushman		, hereby withdraw/resign as a	1	
(Print N	ame of Person Resigning)			
Co-Founder and (Chief Operating Officer			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has be	en notified of ny	7
Pubert Bushman, Sec. 20, 2022 (* 3+6			<mark>.</mark> کرد	:
	ssociating Member or Resign	ning Manager	PH 1:	
Filing Fee:	\$25.00 (Required)		= :	
Certified Copy:	\$30.00 (Optional)		(H O I	