

L16000195324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

JAN 03 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Poke 305 ALT. 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:**

**Jose M Chediak**

(Contact Person)

**Poke 305 ALT. LLC**

(Firm/Company)

**14871 SW 35 Street**

(Address)

Davie, FL 33331

(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 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**



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: Poke 305 ALT. LLC

2. The Florida document/registration number assigned to this limited liability company is: L16000195324

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/20/2016

4. I, Alfredo Terrero, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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