

LI6000211580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

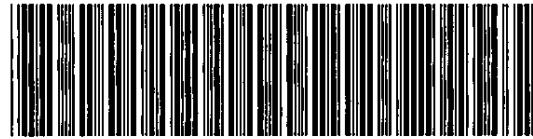
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300293565053

12/27/16--01028--019 **50.00

FILED
16 DEC 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
DEC 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARCIA AND SONS 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 J GARCIA-CARRENO

(Contact Person)

GARCIA AND SONS LLC

(Firm/Company)

108 SE 4TH ST N

(Address)

BELLE GLADE FL 33430

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE J GARCIA-CARRENO

(Name of Contact Person)

561

at ()

449-9258

(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

FILED
16 DEC 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: GARCIA AND SONS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000211580

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/07/2016

4. I, LUIS M GARCIA CASTREJON, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

Luis M Garcia Castrejon

Signature of Dissociating Member or Resigning Manager

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

FILED
16 DEC 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA