# W170001136418

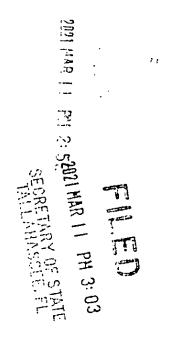
(Requestor's Name)
, ,
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP VAIT MAIL
(Business Entity Name)
(See Meet Char) Name,
(Daniel Musel
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100361728221

03/12/21--01001--002 ++25.00



3/11/21

#### **COVER LETTER**

Division of Corporations	
SUBJECT: TGB Acai Bar (Name of Limited Liabil	lity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mate	ter to:
Avrel Sonnino (Contact Person)	
TGB Acai Bar LLC (Firm/Company)	
1325 Thomasville Rd.	
Tallahisfee, FL 32303 (City/State and Zip Code)	<del></del>
For further information concerning this matter, please	e call:
Ariel Sonnino at (40) (Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  2 \$25 Filing Fee	orida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



### FILED

2021 MAR 11 PH 3: 03

SECRETARY OF STATE TALLAHASSEE, FL

#### 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:	TGB Acai Bar UC
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{12/31/30}{30}$
4. I. <u>Juan-1</u>	nanue! Poupaiina, hereby withdraw/resign as a ame of Person Resigning)
<u>Own</u>	er/manager. (Prini Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my
	Moleco
Signature of Di	ssociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)