## 117000 162205

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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18 JUN 18 PH 5: 51

## COVERLETTER

_	stration Section sion of Corporations			
SUBJECT:	GOLDEN FOODS DISTRIBUTORS LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissoci	iation and fee(s	) are submitted for tiling.	
Please return	all correspondence concerning	this matter to:		
ALEJANDF	RO MANRIQUE			
	(Contact Person)		_	
GOLDEN F	FOODS DISTRIBUTORS LLC	>		
	(Firm/Company)		_	
3300 NE 1	92 STREET UNIT 1812		_	
	(Address)			
AVENTUR	A, FL 33180			
	(City/State and Zip Code)	<del></del>	_	
For further i	nformation concerning this matt	er, please call:		
ALEJANDF	RO MANRIQUE	561	396-0708	
(N	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plo	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy	
	COURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of	Section Corporations		Registration Section Division of Corporations	
Cliston Buil	ding		P.O. Box 6327	
	tive Center Circle . Florida 32301		Tallahassee, Florida 32314	

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)

	limited liability company as it	appears on the records of the Florida Department
2. The Florida doct L1700016220	_	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I,L(	IIS MACHUCA	, hereby withdraw/resign as a
(Francis	MGR	
	(Print Title)	
of this limited lia resignation in wr	• • •	limited liability company has been notified of my
Signature of D	ssociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	