

L17-00024337-1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

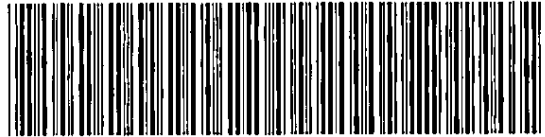
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

JUL 21 2023

Office Use Only



200409031792

05/19/23--01015--007 \*\*55.00

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS  
2023 MAY 19 AM 10:33

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VeneBitesLLC  
\_\_\_\_\_  
(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:

Lida Yajure

\_\_\_\_\_  
(Contact Person)

VeneBites

\_\_\_\_\_  
(Firm/Company)

217 East Third Avenue

\_\_\_\_\_  
(Address)

Tallahassee, FL 32301

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lida Yajure

\_\_\_\_\_  
(Name of Contact Person)

\$50

566 8151

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

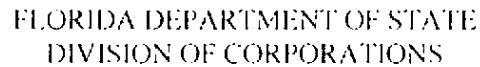
☒ \$55 Filing Fee & Certified Copy

**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



(Pursuant to 605.0216, Florida Statutes)

- Signature of Dissociating Member or Resigning Manager

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 MAY 19 AM 10:33