

3/13/2019

Division of Corporations

L18000011636

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424000767
Phone : (305) 442-3334
Fax Number : (305) 443-3292

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jcatalanoe.siegfriedrivera.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STONEBROOK FOODS, LLC

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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March 14, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STONEYBROOK FOODS, LLC
6601 N. ORANGE BLOSSOM TRAIL
MOUNT DORA, FL 32757US

SUBJECT: STONEYBROOK FOODS, LLC
REF: L18000011636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

The document submitted only states the month and year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000084811
Letter Number: 019A00005136

H190000848113

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONEBROOK FOODS, 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:

John Catalano
(Contact Person)

Siegfried Rivera
(Firm/Company)

201 Alhambra Circle, 11th Floor
(Address)

Coral Gables, Florida 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

John Catalano at 305 442-8548
(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

CR2E079 (2/14)

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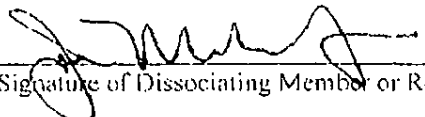
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(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: STONEYBROOK FOODS, LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000011636
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 15, 2019
4. I, JAMES MARCHANT, 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 of Dissociating Member or Resigning Manager

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

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