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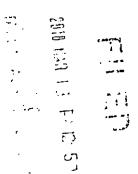
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

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D SCOTT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Food of Mood In Stitute (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:
Carolina Gaviria (Contact Person)
The Food of Mood Institute (Firm/Company)
101 Plaza Real S, Ste 226
Boca Raton, FL 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
Carolina Gauiria at (561) 305-2497; 59 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\sim\$ \$25 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)



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 i he food at Mood	t appears on the records of the Florida Department In Stitute.
2. The Florida doc	ument/registration number ass	signed to this limited liability company is:
L18000	031040	·
4.1. Kar (Prim N Auth	rin Lawson lame of Person Resigning) XIZED Member. (Print Title)	gned or will withdraw/resign is: 3/9/18, hereby withdraw/resign as a = 5
of this limited lia resignation in wr		limited liability company has been notified of my
_Hr	Lawson	<i></i>
Signature of D	issociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	