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COVER LETTER

TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	LATIN CAFE BISCAYNE L	LC	
		(Name of Li	mited Liability Cor	npany)
The en	nclosed	I member, resignation or dissoc	ciation and fee(s	e) are submitted for filing.
Please	e returr	all correspondence concerning	g this matter to:	
Jacqı	ueline	Hernandez-Valdes		
	-	(Contact Person)		_
Law (Office	of Jacqueline Hernandez-Va	aldes, P.A.	
		(Firm/Company)		_
2474	Seco	ffee Terrace		
		(Address)		_
Miam	ni, FL (33133		
-		(City/State and Zip Code)		_
For fu	ırther i	nformation concerning this ma	tter, please call:	
Jacqu	ueline	Hernandez-Valdes	305	860-6015
	(1)	lame of Contact Person)	_ \	& Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
-		Section Corporations		Registration Section Division of Corporations
Clifto	n 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)

1. The name of the	limited liability company as	s it appears on the records of the I	Florida De	partm	ent	
of State is: LAT	IN CAFE BISCAYNE LLC	; 			_·	
2. The Florida doci	ument/registration number a	ssigned to this limited liability co	mpany is:			
L1800012453	3					
3. The date this member/manager withdrew/resigned or will withdraw/resign is:				7/31/2019		
4. I. JUAN PABLO	O SILVA	, hereby withdraw/resign as	a			
(Print N	iame of Person Resigning)	, hereby withdraw/resign as	led.	~ .		
MANAGER				2215 AUG		
	(Print Title)			AUG	•	
		ne limited liability company has b	een notifi	ed of	my.	
resignation in writing.			· ·	A	, <u>.</u>	
	-flatolo S		. I.	8 : 1	***	
Signature of D	issociating Member or Resig	gning Manager	,			
_	\$25.00 (Required)					
Certified Copy:	\$30.00 (Optional)					