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TO:	Registration Section		
	Division of Corporations		
SUBJ	La Botteca LLC		
	(Name of Lim	ited Liability Cor	mpany)
The e	nclosed member, resignation or dissoci	iation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Craig '	T. Galle, Esq.		
	(Contact Person)		_
The G	alle Law Group, P.A.		
	(Firm/Company)		_
13501	South Shore Boulevard, Suite 103		
	(Address)		_
Wellin	igton, Florida 33414		
	(City/State and Zip Code)		_
For fu	urther information concerning this matt	er, please call:	
Craig '	T. Galle	561 at (798-1708
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida I	Department of State for:
X \$2	5 Filing Fee	□ \$55 Filin	g Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 of State is: La Bo		s it appears on the records of the Florid	a Department
2. The Florida docu L18000167443	ument/registration number a	ssigned to this limited liability compan	y is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: Septer	nber 24, 2020
4. I, Monica C. Cama	cho	, hereby withdraw/resign as a	
Manager	and by I thios ittingsing,		
+	(Print Title)		
of this limited liab resignation in wr	· •	he limited liability company has been n	otified of my
Signature of Di	ssociating Member or Resi	gning Manager	ت~ر
	\$25.00 (Required) \$30.00 (Optional)		2170 OCT 21
			AH 10: