## 119000185829

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Division of Co	rporations				
SUBJECT:	LITTLE JALISCO LLC				
SUBJECT:	(Name of	Limited Liability (	Company)		
The enclosed member	, resignation or dis	sociation and fe	e(s) are submitted for filing.		
Please return all corre	spondence concern	ing this matter t	o:		
JOSE LUIS NAVA GUE					
	(Contact Person)				
	(Firm/Company)				
605 MERIONETH DRIV	E NE				
	(Address)		<del></del>		
FORT WALTON BEACI	H, FLORIDA 32547				
(Ci	ty/State and Zip Code)		<del></del>		
For further informatio	n concerning this r	natter, please ca	II:		
JOSE LUIS NAVA GUE	VARA	850	3685546		
(Name of Co	ontact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed please find a ■ \$25 Filing Fee	a check made payal		a Department of State for: ing Fee & Certified Copy		
Mailing Address			Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

TO: Registration Section



## 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	s it appears on the records	s of the Florida Department
2. The Florida doci L18000185829	ument/registration number as	ssigned to this limited lia	bility company is:
DODA 4 ECC	ember/manager withdrew/res		
4. I, (Print Name of Person Resigning)  MGR		. Hereby windraw/P	Caigh da d
	(Print Title) bility company and affirm thiting.	ne limited liability compa	ny has been notified of my
Signature of D	issociating Membel or Resig	ning Manager	2020
	\$25.00 (Required) \$30.00 (Optional)		ZOZO KAY ZI AM 6