## 118000211059

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## **COVER LETTER**

Division of Corporations UMU SEAFOOD IMPORTS, LLC SUBJECT: (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: Angel Oyanedel (Contact Person) (Firm/Company) 1472 Muir Cir (Address) Clermont, FL 3471 L (City/State and Zip Code) For further information concerning this matter, please call: Angel Oyanedel (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing 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

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)

	Elimited liability company a	s it appears on the records of the Florida Department	
2. The Florida doc £ 18000211059	ument/registration number a	ssigned to this limited liability company is:	
		signed or will withdraw/resign is:	
4. 1. (Print Name of Person Resigning)		_, hereby withdraw/resign as a	
(Print)	Name of Person Resigning)		
Authorized Mem	ber (AMBR)		
<u></u>	(Print Title)		
of this limited lia resignation in wa		he limited liability company has been notified of my  OZ/18/2020	
Signature of D	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		