# L18000220277

(Re	questor's Name)	
(Add	dress)	<del></del>
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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> UZH JUL ZB TTI IZE 3 I SECRETARY OF STATE ALLAHASSEE, FLORE:

FILED 2021 JUL 28 PM 12: 37

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PITA HOT GROUP LLC (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:
LOTFI REDOUANE (Contact Person)
PITA HOT GROUP LLC (Firm/Company)
(Address)
N. M. B. FL 33 162 (City/State and Zip Code)
For further information concerning this matter, please call:
LOTFI REDOUANE at (786) 716 - 3690 (Area Code & Daytime 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 SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FLORIE

### 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	e limited liability company as it appears on the records of the Florida Department
of State is:	PITA HOT GROUP LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
4 1800	0220277
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: <u>07-26-2</u> 02
	REDOUANE hereby withdraw/resign as a same of Person Resigning)
	GER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
<u> </u>	24/
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	