

L190000016450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

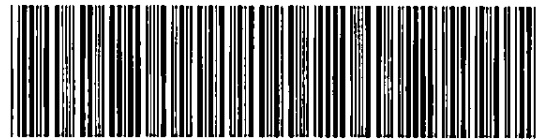
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600324265736

02/14/19--01009--014 \*\*25.00

FILED  
2019 FEB 14 PM 10:09  
ALBRITTON

Resignation

FEB 19 2019

ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** POTRERO F.O.C.M. 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:

JUNG CHUN

(Contact Person)

POTRERO F.O.C.M. LLC

(Firm/Company)

821 E 145TH AVE.

(Address)

TAMPA, FL, 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

JUNG CHUN

(Name of Contact Person)

at 415 755-8931

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2019 FEB 14 AM 10:09  
SECRET  
FALL 2019

**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 it appears on the records of the Florida Department of State is: POTRERO F.O.C.M. LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L190016450
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 16.01.2019
4. I, ALTURA EWERS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)