

L19000065643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

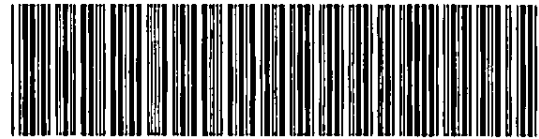
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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19 MAR 22 PM 6:33
TALLAHASSEE, FLORIDA
APR 03 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zoraida Cuisines Catering 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:

Zoraida Guzman

(Contact Person)

Zoraida Cuisines Catering LLC

(Firm Company)

5007 N. Hiatus Road

(Address)

Sunrise FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Zoraida Guzman

954 899-7836

(Name of Contact Person) at (_____) _____
(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

**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: Zoraida Cuisines Catering LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000065643

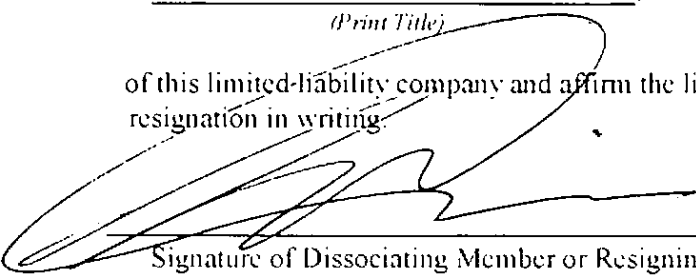
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/7/2019
Andres F. Diaz

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(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)

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