

L19000 102312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JAN 27 2020
JAN 27 2020
JAN 27 2020

Dissociation
of
member

FEB 2 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMT Kitchen 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:

TAYLOR AIELLO
(Contact Person)

DMT Kitchen LLC
(Firm/Company)

1021 NE 2nd St. Apt. 2
(Address)

FORT LAUDERDALE, FL 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

TAYLOR AIELLO at (954) 383 1078
(Name of Contact Person) (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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
CLERK OF STATE
2018 27 APR 11:43



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: DMT Kitchen LLC

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

L19000102312

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/21/2020

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

Chef
(Print Title)

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

Taylor Aiello
Signature of Dissociating Member or Resigning Manager

20 JAN 27 PM 11:13
STATE
ATLANTA

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