

L19000 120 105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

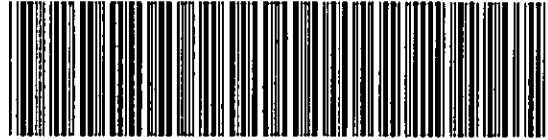
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337466227

12/06/19--01013--013 **25.00

FILED
2019 DEC -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANDY LA BESTIA 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:

ANDY MORALES CRESPO

(Contact Person)

ANDY LA BESTIA LLC

(Firm/Company)

378 48TH AVE N #116

(Address)

SAINT PETERSBURG, FL 33703

(City/State and Zip Code)

For further information concerning this matter, please call:

Andy Morales at (727) 470-3024

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER, OR MEMBER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

FILED
2018 DEC -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ANDY LA BESTIA LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000120105

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/29/2019

4. I, HANOY LOPEZ GIL, 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)