L19000 145 986

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C. GOLDEN

MAR - 5 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Best Chivito LLC (Name of Limited Liability Company)
(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:
Carmin Tillit (Contact Person)
(Contact Person)
East of Collins Expediting (Firm/Company)
202 Sunny Isles Blvd Ste 6 (Address)
Sunny Joles Beach FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (754) 423 6283 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$ \$555 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

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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: Best Chinto LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 19000145 986
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{2/04/2020}{200}$
4.1. Martin C Mazroni, hereby withdraw/resign as a (Print Name of Person Resigning)
Ilanager MGRM
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) Cortified Copy: \$30.00 (Optional)
Certified Copy: \$30.00 (Optional)