

L19000192.150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

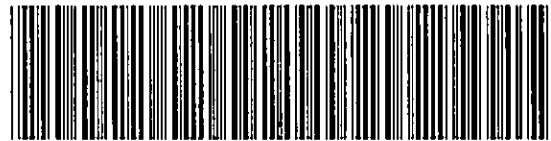
(Business Entity Name)

(Document Number)

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

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Office Use Only



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04/20/20--01016--014 \*\*25.00

FILED  
CLERK OF DISTRICT COURT  
2020 APR 20 AM 11:05

CM  
4/30/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Old San Juan Latin Bakery, 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:

Juan A. Delgado Martinez

(Contact Person)

Old San Juan Latin Bakery, LLC

(Firm/Company)

3050 SE 24th Pl

(Address)

Gainesville, FL 32641

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan A. Delgado Martinez

352 226-6048  
at ( )

(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 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: Old San Juan Latin Bakery, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000192150

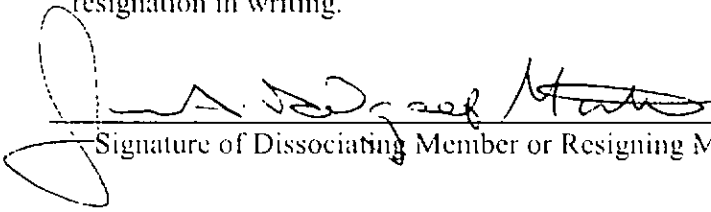
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/24/2020

4. I, Juan A. Delgado Martinez, 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)

2020 APR 20 AM 11:05

FILED  
OFFICE OF THE  
CLERK OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA