

120 0000 37023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

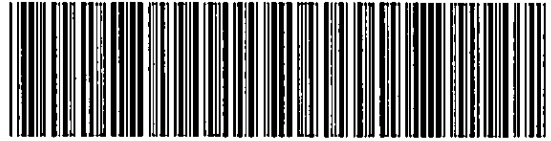
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**COVER LETTER**


**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUISITO'S BAKERY & PRODUCTOS CONGELADOS 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:

FERNANDEZ ILIANNE DAMAS  
(Contact Person)

  
(Firm/Company)

8050 NW 103 APT 104-105  
(Address)

HIALEAH GARDENS, FL 33016  
(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDEZ ILIANNE DAMAS at ( 786 ) 2945667  
(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



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2022 JUN 24 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: LUISITO'S BAKERY & PRODUCTOS CONGELADOS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000037023

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/21/2022

4. I, HUMBERTO MACHADO OROSA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(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)