## LZO 000 195394

(Re	equestor's Name)	
(Ac	idress)	<del></del>
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

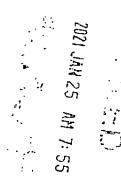
Office Use Only



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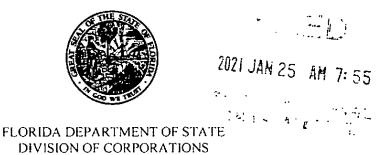


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## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
CHDI	ECT:	SAZON JIBARITO LLC		
SUDJ	EC1:	(Name of Lin	nited Liability Cor	mpany)
The er	nclosed	l member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please	ereturn	all correspondence concerning	this matter to:	
JORGI	E GARC	CIA		
		(Contact Person)		_
		(Firm/Company)		_
		(Time company)		
5017 S	SILVER	BELL DR		
		(Address)		_
PORT	CHARI	LOTTE, FL 33948		
•		(City/State and Zip Code)		_
For fu	irther ii	nformation concerning this matt	er, please call:	
JORGI	E GARO	CIA	941 at (	6238768
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filin	ease find a check made payable i		Department of State for: g Fee & Certified Copy
			_ \$33	g . ee as commed copy
	Regis	ng Address: stration Section		Street Address: Registration Section
		sion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
	Talla	hassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department on JIBARITO LLC
2. The Florida docu L20000195394	ument/registration number assigned to this limited liability company is:
DANIEL VELE	mber/manager withdrew/resigned or will withdraw/resign is:
MEMBER	ame of Person Resigning) (Print Title)
	bility company and affirm the limited liability company has been notified of my
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)