

L20 000391590

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR -1 PM 2:35

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COVER LETTER

TO: Registration Section
Division of Corporations

Lazo Subs LLC

SUBJECT: _____
(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:

Jorge Perez

(Contact Person)

Lazo Subs LLC

(Firm/Company)

7500 NW 25 ST, Suite 107

(Address)

Miami, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

Jorge Perez

305

322-8292

(Name of Contact Person)

at (_____) _____

(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
Lazo Subs LLC

of-State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
120000391590

03/15/2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
Jorge Perez

4. I, _____, 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)

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2021 APR -1 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA