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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations

Anclote Foodservice Solutions, I SUBJECT:	LLC	
	Limited Liability Company)	
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to:	
Joshua J. Miller		
(Contact Person)		
(Firm/Company)		
1029 Peninsula Avenue		
(Address)		
Tarpon Springs, FL 34689		
(City/State and Zip Code)		
For further information concerning this n	natter, please call:	
Joshua J. Miller	727 255-9034 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payab	ble to the Florida Department of State for:	
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy	
Mailing Address:	Street Address:	
Registration Section	Registration Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



FILED

2023 JAN 19 PM 3: 59

SLORETARY 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)

	ote Foodservice Solutions, LLC
2. The Florida doc L21000014510	cument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Joshua J. Miller	, hereby withdraw/resign as a Name of Person Resigning)
President	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Joanus	Jermes Milla
Signature of D	issociating Member or Resigning Manager
Filing Fac	\$25.00 (Required)