h21000026557

(Req	uestor's Name)			
(Address)				
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700385123427

30 27 20 -01 00 -015 (**25.00



COVER LETTER

Registration Section TO: Division of Corporations MAIKEL'S BAKERY 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: MAIKEL DUARTE (Contact Person) (Firm/Company) 8304 FLOWERFIELD DRIVE (Address) **TAMPA, FL 33615** (City/State and Zip Code) For further information concerning this matter, please call: MAIKEL DUARTE (Area Code & Daytime Telephone Number) (Name of Contact Person) 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)

of State is:	EL'S BAKERY LLC		
2. The Florida doct	iment/registration number as	ssigned to this limited liab	oility company is:
L21000026557			
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	sign is: 02/11/22
4. I,	CRI II LA MR A	_, hereby withdraw/ro	
(Print N	ame of Person Resigning)	, <u></u> ,	
MANAGER			
	(Print Title)		
resignation in wr	[m] .		by has been notified of my $\frac{202}{24}$
Signature of Di	issociating Member or Resig	gning Manager	APA-6
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MH 0: 48