## L 21 0000 523 96

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
| (Ad                     | idress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (8u                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
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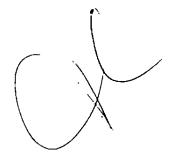
Office Use Only



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## **COVER LETTER**

| TO:    | _                      | stration Section<br>sion of Corporations  |                                       |  |        |
|--------|------------------------|---|---------------------------------------|--|--------|
| SUBJ   | IECT:                  |   | MEALS LLC                             |  |        |
|        |                        | (Name of Limite   | d Liability Co                        | mpany)   |        |
| The e  | nclosed                | d member, resignation or dissociati   | ion and fee(                          | s) are submitted for filing.   |        |
| Please | e return               | all correspondence concerning th  | is matter to:                         |  |        |
|        |                        | ANTONIO P DA FONSECA FILHO  |                                       |  |        |
|        |                        | (Contact Person)  |                                       | _  |        |
|        |                        | TONY'S MEALS LLC  |                                       |  |        |
|        |                        | (Firm/Company)  |                                       | _  |        |
|        |                        | 8816 BRENNAN CIRCLE APT 200   | 6                                     |  |        |
|        |                        | (Address)   |                                       | _  | 2:1    |
|        |                        | TAMPA, FL33615  |                                       |  |        |
|        |                        | (City/State and Zip Code)   | · · · · · · · · · · · · · · · · · · · | _  | ا<br>س |
| For fu | irther is              | nformation concerning this matter.  | please call:                          |  |        |
| ANTO   | ONIO P                 | DA FONSECA FILHO  | 813<br>u (                            | 970 - 2022   |        |
|        | (N                     | ame of Contact Person)  |                                       | & Daytime Telephone Number)  | _      |
|        | sed ple<br>5 Filing    | rase find a check made payable to t<br>g Fee [  |                                       | Department of State for:<br>g Fee & Certified Copy   |        |
|        | Regis<br>Divis<br>P.O. | ng Address:<br>stration Section<br>sion of Corporations<br>Box 6327<br>hassee, FL 32314 |                                       | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303 | 10     |



## 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: TONY                   |                               | it appears on the records of the Florida Depart | ment<br> |
|-------------------------------------|-------------------------------|---|----------|
| 2. The Florida doct<br>L21000052396 | iment/registration number ass | signed to this limited liability company is:    |          |
| 3. The date this me                 | mber/manager withdrew/resi    | gned or will withdraw/resign is:                |          |
| CHAIN RUIC                          | ED CLINC                      | , hereby withdraw/resign as a                   |          |
|                                     | <br>Print Title)              |   |          |
| resignation in wri                  |                               | limited liability company has been notified of  | ľ my     |
|                                     |                               | ν.,   |          |
| Filing Fee:                         | \$25.00 (Required)            |   |          |
| Certified Copy:                     | \$30.00 (Optional)            |   |          |
|                                     |                               | ٺ   |          |
|                                     |                               |   |          |
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