

h21 0000 119642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

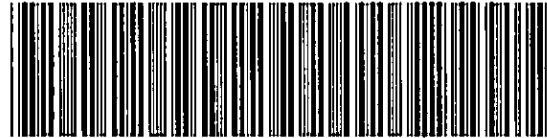
(Business Entity Name)

(Document Number)

Certified Copies 4 Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300370033393

08/05/2021  
JH

FILED  
2021 JUL 19 AM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

BAMMBA 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:

MARIA F. GUEVARA

\_\_\_\_\_  
(Contact Person)

BAMMBA LLC

\_\_\_\_\_  
(Firm/Company)

1010 PLACETAS AVE

\_\_\_\_\_  
(Address)

Corse 63565, FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria F. Guevara at (205) 333 6315  
(Name of Contact Person) (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



FILED  
2021 JUL 19 AM 12:30  
SECRETARY 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)

1. The name of the limited liability company as it appears on the records of the Florida Department  
BAMMBA LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L21000119642  
\_\_\_\_\_

05/17/2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
JULIETA BLIFFELD

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MANAGER

\_\_\_\_\_  
(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)



CR2E079 (2/14)

State of Florida

County of DADE COUNTY

The foregoing instrument was acknowledged before me by  
means of ☒ physical presence OR ☐ online notarization

this 08 day of JULY, 2021  
by JULIETA BLIFFELD / MARIA FLORENTINA GUERRA

(Signature of Notary Public)

EMILSA LOPEZ

(Print Name of Notary Public)

Personally known ☐ OR produced identification ☒

Type of Identification Produced FL ID DRIVER LIC