121000349235

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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	ECT:		
	(Name of Lir	mited Liability (Company)
The er	nclosed member, resignation or dissoc	ciation and fe	e(s) are submitted for filing.
Please	return all correspondence concerning	g this matter t	o:
Maria M	Mora		
	(Contact Person)		_
	(Firm/Company)		<u> </u>
2710 B	* *		
	(Address)		<u> </u>
Clermo	nt. FL 34711		
	(City/State and Zip Code)		
For fu	rther information concerning this mat	ter, please ca	II:
Carlos i	Mora	352	de & Daytime Telephone Number)
	(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: ing 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

CR2E079 (2/14)





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
of State is: EAT	D'CLOCK LLC
2. The Florida doc L21000349235	ument/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is: 08/29/2022
4. I, Maria Mora	, hereby withdraw/resign as a lame of Person Resigning)
Authorized Memb	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ma	a mora
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)