

L21000405352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

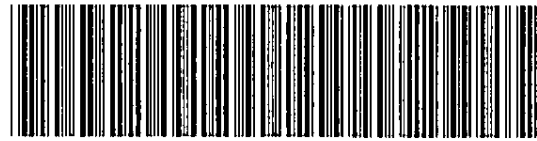
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FBI WASHINGTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TALLA CAKE LLC

(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:

Yosmaira C. Mendez Diaz

(Contact Person)

c/o Universal Legal Center

(Firm/Company)

2525 Ponce De Leon Blvd., Suite 300

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Normand Rocha

305

615-0076

at ()

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE

**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: TALLA CAKE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000405352

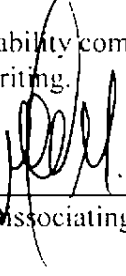
3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 18th, 2022

4. I, MIGUEL E. MILANO MAZA, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER

(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)

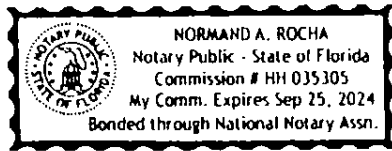
Florida Jurat (FS 117.05[13])

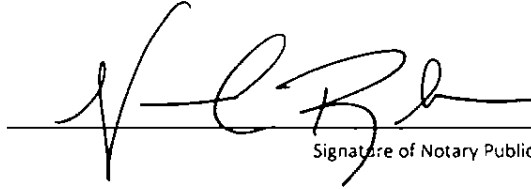
State of FLORIDA

County of Miami-Dade

Sworn to and subscribed before me by means of ☒ physical presence ☐ online notarization,

this 18th day of OCTOBER 2022, by MGIEL E. MILANO MAZA.




Signature of Notary Public

NORMAND A. ROCHA
Notary Name Printed

Personally known:

OR Produced Identification: ☒

Type of Identification Produced: FLORIDA DRIVER LICENSE

Description of Attached Document

Title or Type of Document: DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Document Date: 10/18/2022

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TALLAHASSEE