

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L21000435014**

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : FORSYTH & BRUGGER, P.A.  
Account Number : I20040000147  
Phone : (239)263-6000  
Fax Number : (239)263-6757

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

latiknow@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EL BASQUE GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

## COVER LETTER\*

TO: Registration Section  
Division of Corporations

SUBJECT: EL BASQUE GROUP, 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:

LINDA FINK

(Contact Person)

FORSYTH & BRUGGER, P.A.

(Firm/Company)

600 5TH AVE S., STE 207

(Address)

NAPLES FL 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA FINK, ESQ

at (239) 263-6000

(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

**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: EL BASQUE GROUP LLC.

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

L21000435016

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8.22.22

4. I, POFFIDIO TORRES, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGING PARTNER  
(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)

APPROVED  
AND  
FILED  
2023 MAR 10 PM 3:15