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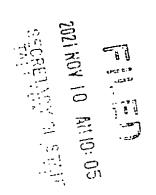
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Office Use Only



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## COVER LETTER

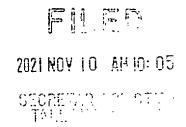
TO: Registration Section Division of Corporations	
SUBJECT: Not Your Abuela's (Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Dora Ortega (Contact Person)	
Not Your Abuela's Gar	ja, LLC
18770 SW 4th Street (Address)	
Pembroke Pines, FL 330 (City/State and Zip Code)	529
For further information concerning this matter	r, please call:
Dora Or 1292 (Name of Contact Person)	at (954) 980-8184 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for:  ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee	
I.O. DON ODE!	The Centre of Tallandssee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314





## 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: Nt	of Your Abuela's Ganya, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L21000	8452587
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: NOV . 1 , 202
	hereby withdraw/resign as a me of Person Resigning)
MGY	Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
- Camer	I Cletice
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required) \$20.00 (Ontional)
Certified Copy:	\$30.00 (Optional)