L220000068224

(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

11/03/23--01035--009 **25.00

2023 NOV -3 AM 10: 18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Jacqueline Acevedo_____

<p style="text-align:center">(Name of Limited Liability Company)</p>

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jacqueline Acevedo
_____
<p style="text-align:center">(Contact Person)</p>

Jasastsa Business Services LLC
_____
<p style="text-align:center">(Firm/Company)</p>

22095 US Hwy 19 N
_____
<p style="text-align:center">(Address)</p>

Clearwater, Florida 33765
_____
<p style="text-align:center">(City/State and Zip Code)</p>

For further information concerning this matter, please call:

Jacqueline Acevedo   727   645-2856
_____ at (_____) _____
<p style="text-align:center">(Name of Contact Person)   (Area Code & Daytime Telephone Number)</p>

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee   ☐ $55 Filing Fee & Certified Copy

Mailing Address:	**Street Address:**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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: BOCAO BAKERY AND RESTAURANT LLC _____ .

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

L22000068224 _____ .

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/23/2023 _____

4. I, JHONNATHAN RAMOS _____ , hereby withdraw/resign as a

(Print Name of Person Resigning)

AMBR _____ .

(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)