

L22000141775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

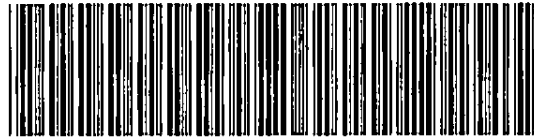
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/10/23--01022--012 \*\*50.00

FILED  
2023 JAN 10 AM 10:48  
CLERK OF COURT  
JACKSONVILLE, FL

THE LAW OFFICES  
OF  
JOHN F. HOOLEY, P.A.

BOARD CERTIFIED CIVIL TRIAL  
BOARD CERTIFIED BUSINESS LITIGATION  
IMMIGRATION & NATURALIZATION

851 FIFTH AVENUE NORTH  
SUITE 303, NAPLES, FLORIDA 34102-5582

January 9, 2023

Via Federal Express

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
215 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

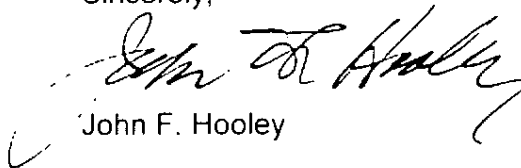
RE: Armando's Paradise LLC

Dear Sir or Madam:

Attached is the Cover Letter for the (2) Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company along with a money order in the amount of \$50 for the filing fee requirement.

If you have any questions, please feel free to contact my office.

Sincerely,

  
John F. Hooley

JFH/da

Enc.

cc: J. Cabrera

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARMANDO'S PARADISE 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:

JOSE A. CABRERA  
(Contact Person)

(Firm Company)

5141 SEAHORSE AVE  
(Address)

NAPLES FL 34103  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. CABRERA at ( 239 ) 404-6265  
(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



FILED

2023 JAN 10 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FL

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: ARMANDO'S PARADISE, LLC

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

L22000141775

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/9/2022

4. I, PABLO A. CABRERA, 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)