L22 000 223 230

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (0) 10 1 7 10 10 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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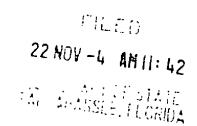
COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Food trucks Cur (Name of Limited Lia) | |
| The enclosed member, resignation or dissociation a | nd fee(s) are submitted for filing. |
| Please return all correspondence concerning this ma | atter to: |
| Victor Alandozar (Contag Person) | |
| | |
| (Firm Company) | |
| 6055 NW 105 Ct APto | <u> 302</u> |
| Doral Fl 33178 (City/State and Zip Code) | |
| For further information concerning this matter, plea | ase call: |
| . 1 - 1 - 1 | rea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the F \$25 Filing Fee | lorida Department of State for: 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

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)

| | imited liability company | | | | da Department |
|--|---------------------------------|-------------|-------------------|------------------|------------------|
| _ | ment/registration number 2230 | er assigned | I to this limited | liability compar | ny is: |
| 3. The date this men | nber/manager withdrew/ | /resigned | or will withdray | v/resign is: _// | <u>/01/202</u> 2 |
| Manao | rim Tüle) | <u>_</u> . | | | |
| of this limited liab resignation in writ | ility company and affirming. | n the limit | ed liability com | ipany has been i | notified of my |
| Signature of Dis | sociating Member or Re | esigning N | 1anager | | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | | | | | |