

L22000297443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

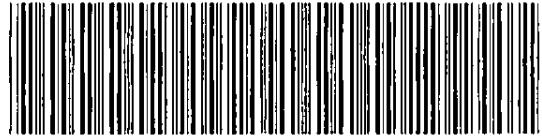
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVOCADOS FOOD 04 LLC
Name of Corporation

DOCUMENT NUMBER: L 22 000 297 443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL ROMERO
Name of Contact Person

AVOCADOS FOOD 04 LLC
Firm/Company

3666 SW 5TH TERR
Address

MIAMI FLORIDA 33135
City/State and Zip Code

E-mail address: (to be used for future annual report notification) AVOCADOS FOOD 04 @ GMAIL . COM

For further information concerning this matter, please call:

MANUEL ROMERO at (786) 391 8650
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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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: AVOCADOS FOOD 04 LLC


2. The Florida document/registration number assigned to this limited liability company is:
L 22000297443

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/10/23

4. I, CARLOS JUAN CHAIBUB BOGADO, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER
(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)