

L22000396185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

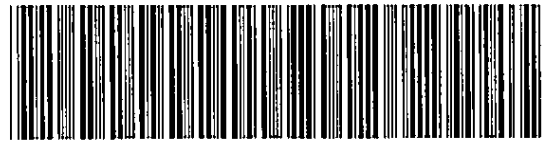
(Document Number)

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2023 JAN 18 PM 2:48  
SECRETARY  
TALLAHASSEE  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRUPO DON RIGO  
\_\_\_\_\_  
(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:

Carola Olses

\_\_\_\_\_  
(Contact Person)

Cales W LLC

\_\_\_\_\_  
(Firm/Company)

1025 E Hallandale Beach Blv Ste 15 # 921

\_\_\_\_\_  
(Address)

Hallandale Beach FL 33099

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carola Olses

\_\_\_\_\_  
(Name of Contact Person)

786

5699706

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check for:  
☒ \$25 Filing Fee

the Florida 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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 JAN 18 PM 2:51  
SECRETARY  
TALLAHASSEE, FL



**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: GRUPO DON RIGO

2. The Florida document/registration number assigned to this limited liability company is:  
L22000396185

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/04/2022

4. I, Carola Olses, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member/Manager

*(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)