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COVER LETTER

TO: Registration Section Division of Corporations

ABY FOOD SERVICES, LLC SUBJECT:

(Name of Limited Lizbility Company)

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

Please return all correspondence concerning this matter to:

SILVANA ALPUIN

(Constact Person)

(Firm/Company)

1523 W 63RD ST

(Address)

HIALEAH, FL 33012

(City/State and Zip Code)

For further information concerning this matter, please call:

SILVANA ALPUIN 786 718-0073 at (_______) (Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Certified Copy

<u>Maifing Address:</u> 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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: _______
- The Florida document/registration number assigned to this limited liability company is: L22000401716
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______
- 4. I, ______, hereby withdraw/resign as a ______. hereby withdraw/resign as a _____. hereby withdraw/resign as a _____. hereby withdraw/re

MGR

· ,

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in/writing.

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Signature of Dissociating Member or Resigning Manager

Filing Fee:\$25.0Certified Copy:\$30.0

S25.00 (Required) S30.00 (Optional)