L 22000428239

(Requestor's Name)			
(Address)	_		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dasmess Ellary 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	
D & R RESTAURANT HOLDINGS ELC	
(Name of Limited Liabil	ity Company)
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
Daniel Marales	
(Contact Person)	
DER RESTORT holdings LL	C
470 SW 55th Herrace	•:`
Plantation, FL, 33317 (City/State and Zip Code)	:
For further information concerning this matter, please	call:
Daniel Morals	1 907-0570
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee \$355 I	rida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, F1, 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company	as it appears on the records of the Florida S LLC	a Department
2. The Florida doci	iment/registration number	r assigned to this limited liability compan	y is:
0.1		resigned or will withdraw/resign is: <u>65/</u> , hereby withdraw/resign as a	18/2023
Manager	(Print Title)	<u>.</u>	ت.
resignation in wr		n the limited liability company has been n	otified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		