

L22000471198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

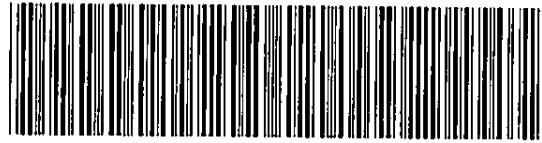
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**QWIK COURIER**

**850-284-4584**

Customer/Company that placed the order:

PCB Firm

Contact information: 467-758-6100

PLEASE PROCESS THE FOLLOWING.

**PLEASE DO NOT PUT OUR NAME ON COVER LETTER.**

PLEASE USE NAME ON THE REQUEST.

**PLEASE PUT IN OUR BOX WHEN COMPLETED**

CUSTOMER:

PCB Firm

COMPANY:

The 1 Cantina OUIEDO LLC  
Dissociation Member

THANK YOU!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE 1 CANTINA OVIEDO LLC  
(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:

Euribiades Cerrud II, Esq.

(Contact Person)

The PCB Firm, P.A.

(Firm/Company)

14939 Hartford Run Drive

(Address)

Orlando, FL 32828

(City/State and Zip Code)

For further information concerning this matter, please call:

Euribiades Cerrud II, Esq.

(Name of Contact Person)

407

at ( )

758-6100

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$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



FILED  
2024 MAY -2 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 1 CANTINA OVIEDO LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L22000471198
3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 3
4. Quebo LLC, hereby resigns as a  
*(Print Name of Person Resigning)*  
Manager (Authorized Member)  
*(Print Title)*

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

Luis F. Quevedo, as Authorized Member of Quebo LLC

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)