

L 220000477186

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Wmills

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08/19/24--01015--008 \*\*25.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Salt Smokehouse 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:

Allison Fonseca

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

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

16319 N Florida Ave

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

Lutz, FL 33549

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

For further information concerning this matter, please call:

Allison Fonseca

813 625-1082  
at ( )

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

\_\_\_\_\_  
(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



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 Salt Smokehouse LLC

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

L22000477186

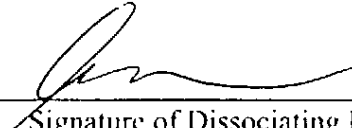
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/2024

4. I, Allison Fonseca, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AP

(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)