Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240004089173)))



H240004089173ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DUCHESS MERAKI LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |

From: DIEGO FIGUEROA

COVER LETTER

| TO: | _ | stration Section | | • |
|--------|----------|---------------------------------|----------------------|--|
| | Divis | sion of Corporations | | |
| SUBJ | ECT: | DUCHESS MERAKI LLC | | |
| | | (Name of | Limited Liability Co | ompany) |
| The e | nclosed | d member, resignation or dis | sociation and fee(| (s) are submitted for filing. |
| Please | e returi | all correspondence concern | ning this matter to | : |
| DIEGO | o Figu | | | |
| | • | (Contact Person) | | · - |
| E & F | LATIN | GROUP LLC | | |
| | , · ·· | (Firm/Company) | | |
| 1820 N | CORP | ORATE LAKES BLVD SUITE I | 09 | |
| | | (Address) | | |
| WEST | ON, FL | 33326 | | |
| | | (City/State and Zip Code) | | _ |
| For fu | rther in | nformation concerning this r | natter, please call: | : |
| DIEGO |) FIGUI | EROA | 954 at (| 3848565 |
| | (N | ame of Contact Person) | (Area Code | e & Daytime Telephone Number) |
| Enclos | sed ple | ase find a check made payat | ole to the Florida I | Department of State for: |
| | 5 Filing | | | g Fee & Certified Copy |
| | | | | |
| | | ng Address: | | Street Address: |
| | _ | stration Section | | Registration Section |
| | | ion of Corporations Box 6327 | | Division of Corporations The Centre of Tallahassee |
| | | hassee, FL 32314 | | 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 Departme | | | | | |
|--|--------------|-------------|----------|--|--|
| of State is: | | | <u> </u> | | |
| 2. The Florida document/registration number assigned to this limited liability of 1.23(000)70589 | ompany is: | | | | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is | 11/22/2024 | | _ | | |
| 4. I,, hereby withdraw/resign a | S a | | | | |
| (Print Name of Person Resigning) | | | | | |
| AMBR | ٠. | 1707 | | | |
| (Print Title) | . • | 0.10 | ,, | | |
| of this limited liability company and affirm the limited liability company has resignation in writing. | been notifie | cd-of 1 | | | |
| | ·, | ₹ 9 | .a O | | |
| Signature of Dissociating Member or Resigning Manager | | .,.≖ C:⊃ | | | |
| | - | | | | |