L23000 120 5H3

(Requestor's Name)					
(Address)					
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,					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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023 DEC 22 AMII: 43 SECRETARY OF STATE

COVER LETTER

Division of Corporations				
INDUSTRIAS SAUCE LLC SUBJECT:				
	Limited Liability (Company)	-	
The enclosed member, resignation or dis-	sociation and fe	e(s) are submitted for filing.		
Please return all correspondence concern	ing this matter t	o:		
Carola Olses				
(Contact Person)			2	
Cales W LLC		SECRI	073 DE	
(Firm/Company)			£ 2	
1025 E Hallandale Beach Blv Ste 15 # 921		AASS.	2023 DEC 22 AH 11: 113	
(Address)	_	Tr. O	, =	
Hallandale Beach Fl 33099		고 	- - - - - - -	
(City/State and Zip Code)				
For further information concerning this r	natter, please ca	all:		
Carola Olses	786 at (5699706)		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	1	
Enclosed please find a check made paya				
■ \$25 Filing Fee	□ \$55 Fil	ling Fee & Certified Copy		
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite	e 810	
THE THE PARTY OF T		Tallahassee, FL 32303		

TO: Registration Section



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	e limited liability company a	is it appears on the records of the	he Florida D	epartn	nent
of State is: INDI	JSTRIAS SAUCE LLC				<u> </u>
2. The Florida doc	ument/registration number a	assigned to this limited liability	company is		
L230001254			SEC TA	2023 DEC	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign	is: 03/51/2021	DEC 22	ह. जा हे क्या ह
4. I, Natalia Ledezma	a	, hereby withdraw/resign	>SQ 1 as a SSQ		ē Par
(Print)	Name of Person Resigning)		Ho		
Manager			严益	AH 11: 43	
	(Print Title)		<u>.</u>		
of this limited lia resignation in wi	• •	he limited liability company ha	as been notifi	ied of	my
Signature of D	issociating Member or Resig	gning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				