1 73 000 38 985

(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:		
	·	

Office Use Only



200420516962

12/22/23--01036--013 **840.00

TOTAL COMPANY OF THE SECRETARY OF THE SE

COVER LETTER

TO: Registration Section Division of Corporations Tu Ensalada Express LLC SUBJECT: (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: Carola Olses (Contact Person) Cales W LLC (Firm/Company) 1025 E Hallandale Beach Bly Ste 15 # 921 (Address) Hallandale Beach Fl 33099 (City/State and Zip Code) For further information concerning this matter, please call: Carola Olses (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

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)

of State is: Tu Ensalada Express LLC	ECF TA
of State is:	
2. The Florida document/registration number assigned to this limited liability	company is: 8
L23000138985	PH T
3. The date this member/manager withdrew/resigned or will withdraw/resign	is: April 04,52023 2
Matalia Ledezma	
4. I. (Print Name of Person Resigning), hereby withdraw/resign	
Manager	
(Print Title)	
of this limited liability company and affirm the limited liability company have resignation in writing.	is been notified of my
Signature of Dissociating Member or Resigning Manager	

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: