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COVER LETTER

	ation Section in of Corporations		
CE SUBJECT:	EBOLLAS EL FALI E HIJOS SI	. LLC	
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Mad	lam:		
The enclosed wi	thdrawal and fee(s) are submitte	d for filing.	
Please return all	correspondence concerning this	matter to the following	g:
ALEJANDRO A	A ZAMORA, ESQ.		
	(Name of Person)		_
LAW OFFICES	S OF ALEJANDRO A. ZAMOR	A, ESQ. PA	
	(Firm/Company)		_
1401 NW 17 A	VE		
	(Address)		_
MIAMI, FL 331	125		
	(City/State and Zip Cod	e)	_
For further infor	mation concerning this matter, p	lease call:	
ALEJANDRO /	A. ZAMORA	305 at (324-4512
	(Name of Person)		Daytime Telephone Number)
Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a cl	heck for the following amount:		
■\$25 Filing Fe	ee S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CEBOLLAS EL FALI E HIJOS SL LLC	
(Name of limited liability company)	
SPAIN	
(Jurisdiction of its organization)	
05/15/2014	
(Date registered with Florida Department of State)	
M14000003507	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this s	state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to day more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filthis date will not be listed as the document's effective date on the Department of the date inserted in the document's effective date on the Department of the date inserted in the document's effective date on the Department of the date inserted in the document's effective date on the Department of the date inserted in this date will not be listed as the document's effective date on the Department of the date inserted in this date.	ing requirements. of State's records.
DocuSigned by: 14/03/2023 205783805490408 (Signature of authorized representative)	PH 2:51
RAFAEL GUTIERREZ	
(Typed or printed name of signee)	

Filing Fee: \$25.00

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EBOLLAS EL FALI E HIJOS SL LLC
(Name of limited liability company)
PAIN
(Jurisdiction of its organization)
5/15/2014
(Date registered with Florida Department of State)
114000003507
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
ffective Date, if other than the date of filing:(optional)
for affective data is listed, the data must be encoific and cannot be prior to date of filling or
ote: If the date inserted in this block does not meet the applicable statutory filing requirements.
ue data will not ha lictad ac tha documant e attactiva data on the Hanarimant of Nigla's repercis
ins date with not be fisted as the document's effective date on the Department of States records.
E
DocuSigned by: 14/03/2023
(Signature of authorized representative)
RAFAEL GUTIERREZ
(Typed or printed name of signee)

Filing Fee: \$25.00