L12000050966

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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Plants R US, LLC	
(1	Name of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to:
Giselle Santana	
(Contact Person	1)
Plants R US, LLC	
(Firm/Compan	y)
1442 NW 39 Street	
(Address)	
Miami, FL 33142	
(City/State and Zip	Code)
For further information concerning	g this matter, please call:
. Giselle Santana	305 332-3351
(Name of Contact Person	
Enclosed please find a check mad ☐ \$25 Filing Fee	e payable to the Florida Department of State for: \$\forall \$55 \text{Filing Fee & Certified Copy}\$
	,
STREET/COURIER ADDRESS	
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	i alianassee, Fiorida 32314

CR2E079 (2/14)



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 l	imited liability company as	s it appears on the records of the	Florida Department
of State is: Plant	s R US, LLC		·
2. The Florida docu	ment/registration number as	ssigned to this limited liability co	ompany is:
L12000050966	3		
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is	01/05/2015
4. I, Caridad Ha	ayes	hereby withdraw/resign a	sa IAS
(Print No	me of Person Resigning)	, hereby withdraw/resign a	15 OCT
	ent & Member		ETA HAS
· ·	Print Title)		SET S
of this limited liab resignation in wri	rility company and affirm th	ne limited liability company has l	peen patified off my To ORIOA
Signature of Dis	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		