

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

Email Address: info@abkcorp.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR 24 AM 11:35

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLY GRAIN COFFEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLY GRAIN COFFEE LLC
(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:

STEPHANIE CASTRO
(Contact Person)

ACCOUNT BOOKKEEPING CORP
(Firm/Company)

5301 CONROY RD, STE 140
(Address)

ORLANDO, FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE CASTRO at 407 898-1757
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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 Department of State is: HOLY GRAIN COFFEE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000182215

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/15/2020

4. I, LILIAN O TREVISAN HENTZ hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in dark ink, appearing to read "Lilian O Trevisan Hentz", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

2020 APR 24 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED