

L17000107934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

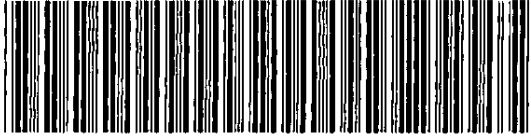
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299979620

06/05/17--01012--003 **25.00

FILED
2017 JUN -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 JUN -5 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN -6 2017

CONTACT:

BARBARA L. MEER

Requester's Name

850-459-5515

Address

Phone

City/State/Zip

Phone

EXOTIC ORCHIDS, LLC

Resignation

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)
- 5. _____
(Corporation Name) (Document #)
- 6. _____
(Corporation Name) (Document #)
- 7. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

Certified copy

Mail out

Will wait

Photocopy

Certificate of Status

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXOTIC ORCHIDS 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:

DINA M MORALES TIPAN

(Contact Person)

EXOTIC ORCHIDS LLC

(Firm/Company)

10452 STONE GLEN DR

(Address)

ORLANDO, FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

DINA M MORALES TIPAN

(Name of Contact Person)

at (321)

900-7267
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FILED
2017 JUN -5 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: EXOTIC ORCHIDS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000107934

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/25/2017

4. I, DINA P BARONA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

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

DINA P BARONA
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)