L21000176537

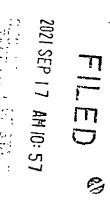
(F	Requestor's Name)	<u> </u>		
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #	()		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	f Status		
Special Instructions to Filing Officer:				





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09/17/21--01003--002 **29.00



COVER LETTER

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	BOTANICA TENIOLA LLC		
	(Name of L	imited Liability Con	npany)
The enclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return	all correspondence concernir	ng this matter to:	
CEASAR MES	STRE JR., ESQ.		
	(Contact Person)		-
GASTESI, LO	PEZ, & MESTRE P.L.L.C.		
	(Firm/Company)		-
8105 NW 105	STREET		
	(Address)		-
MIAMI LAKE	ES, FL 33016		
	(City/State and Zip Code)		-
For further in	nformation concerning this ma	atter, please call:	
CEASAR MES	STRE	305	825-9988
(N	lame of Contact Person)	(Area Code	825-9988 _) & Daytime Telephone Number)
	ease find a check made payabl	e to the Florida D	Department of State for:
🗶 \$25 Filin	g Fee	□ \$55 Filing	Fee & Certified Copy
	ng Address:		Street Address:
	stration Section		Registration Section
		Division of Corporations	
		The Centre of Tallahassee	
Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 limited liability company as it appears on the records of the Florida of State is:	Department
2. The Florida document/registration number assigned to this limited liability company L21000176537	is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/14/2	021
4. I. KATERINE CAMPBELL. , hereby withdraw/resign as a (Print Name of Person Resigning)	
AMBR/MANAGER (Print Title)	
of this limited liability company and affirm the limited liability company has been not resignation in writing. Signature of Dissociating Member or Resigning Manager	ified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	710:57