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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: Flowridianz LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Michel Martinez (Contact Person)
(Firm/Company)
508" West North Bay St.
The state of the s
Tampa FL 33403 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (813) 390-5262 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301
CR2E079 (5/06)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Floorist of State is: Flowridianz, UC	rida Department
2. This limited liability company was organized under the laws of:	
3. The Florida document/registration number of this limited liability company is:	
4. I, Les it Rubero, hereby resign as a Man (Print Name of Person Resigning), hereby resign as a Man	int Tyle)
of this limited liability company and affirm the limited liability company has bee resignation in writing.	n notified of my
Signature of Resigning Member, Managing Member or Manager	07 o7
	2 5

\$25.00 (Required)

\$30.00 (Optional)

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VISION OF CORPORATIONS

Filing Fee: Certified Copy: