# L020000 24984

(Re	equestor's Name)	
(Ac	ldress)	<u>.                                    </u>
(Ac	ldress)	
. (Ci	ty/State/Zip/Phone	#)
, PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		9-26
	Office Use Only	( lust



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SECRETARY OF STATE ALLAHASSEE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Plantation Flow Pamers, LCC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member or Manager and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:	
Gabrela Adila (Name of Person)	
Floor war, LC	SECRETA TALLAHAS
(Firm/Company)  2(113 Townson St. #114  (Address)	HY OF STATE
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Adviana Rivicue at (76) 255- (Name of Person) (Area Code & Daytime T	468J elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING A Registration Division of C Registration Division of C Tallahassee, Tallahassee, Tallahassee, Tallahassee,	Section Corporations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing Fee Certified C	

06 SEP 25 PM 1: 13



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

i, frandalois	, hereby resign as <u>Hawager Hember</u> (Title)
of <u>Plantation</u> Floor Party	
(Limited Liability	Company)
a limited liability company organized under the laws and affirm that the limited liability company has bee	AGE O
Mondalore	In notified in writing of the resignation.
(Signature of resigning manager, m	anaging member or member)

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314