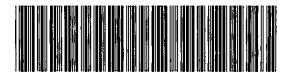
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COVER LETTER

TO: **Registration Section Division of Corporations** Greenrocks Foods, LLC **SUBJECT:** (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: Mercedes N. Guitian Capote (Contact Person) Greenrocks Foods, LLC (Firm/Company) 5924 Alton Road (Address) Miami Beach, FL 33140 (City/State and Zip Code) For further information concerning this matter, please call: Mercedes N. Guitian Capote at ((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 STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



SECRETARY OF LITALE BIVISION OF CORPORATIONS

15 MAR 11 AM 10: 42

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)

	limited liability company as it appears on the records of the Florida Department enrocks Foods, LLC
	ument/registration number assigned to this limited liability company is:
27-0300254	L09000049194
	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Carolela Foo	odery, Mercedes G. Capote , hereby withdraw/resign as a
(Print N	ame of Person Resigning)
Co Owner	
 	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	7 Chew
Signature of D	ssociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)