

L100000117826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

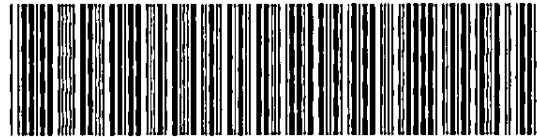
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/25/20--01009--016 \*\*25.00



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2020 SEP 25 P 3:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

VS  
10/30/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NAPLES Botanicals 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:

Tammy Furst  
(Contact Person)

Naples Botanicals LLC  
(Firm/Company)

2420 ORANGE Blossom DR  
(Address)

Naples FL 34109  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Furst at (239) 591-8733  
(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

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: Naples Botanicals LLC

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

L10000117826

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/21/2020

4. I, Christopher Scott Forst, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Secretary

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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