## L130000093552

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Frounding (Name of Limit	Roots LLC ted Liability Company)
The er	nclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to:
	Amanda Sosa S- (Contact Person)	tone
	Grounding Roots (Firm/Company)	
	4270 Aloma Ave. (Address)	
<u> </u>	(City/State and Zip Code)	92
For fu	rther information concerning this matte	r, please call:
A	Name of Contact Person)	at ( 407) 492 - 4645 (Area Code & Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee	the Florida Department of State for:  \$\sum \\$55 \text{ 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:	Grounding Roots, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1300	0093552
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{7/22/19}{}$
4. I, Stephen (Print No.	ame of Person Resigning), hereby withdraw/resign as a
MAN	Printide)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
169	1/la
Signature of Dis	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)