

L17 000 173551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

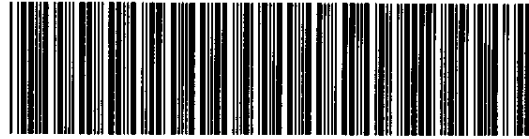
(Business Entity Name)

(Document Number)

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02/05/14--01016--004 \*\*25.00

WED 11/11/01  
11:00 AM

J. Shivers FEB 06 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIANA FLOWERS 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:

**PATRICIO, EUNICE**

(Contact Person)

**SIANA FLOWERS LLC**

(Firm/Company)

**12013 SW 117 CT**

(Address)

**MIAMI FLORIDA 33186**

(City/State and Zip Code)

For further information concerning this matter, please call:

**EUNICE PATRICIO**

(Name of Contact Person)

at ( **786** )

**3438456**

(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle,  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SIANA FLOWERS LLC

2. The Florida document/registration number of this limited liability company is:  
L13000173591

3. The date this member withdrew or will withdraw is: 01/01/2014

4. I, PATRICIO, EUNICE, hereby resign as a MGR  
*(Print Name of Person Resigning)* *(Print Title)*

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

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
FALL 14 10 11 AM '14  
TALLAHASSEE  
14 FEB -5 10 11 AM '14