

L14000054161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

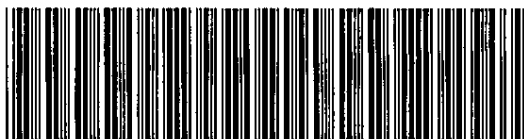
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Resignation of
MGRM

04/16/15--01009--020 **25.00

FILED
2015 APR 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
4/28/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NROS FLOWERS & EVENTS, 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:

Patricia Barkovic

(Contact Person)

Barkovic Group LLC

(Firm/Company)

361 Poinciana Dr

(Address)

Sunny Isles Beach

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Barkovic

(Name of Contact Person)

at (305) 244-7610

(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



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2015 APR 16 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

**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: NROS FLOWERS & EVENTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000054161

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/09/2015

4. I, Rosemary Vega, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

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

X [Signature]
Signature of Dissociating Member or Resigning Manager

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