

L14000177007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

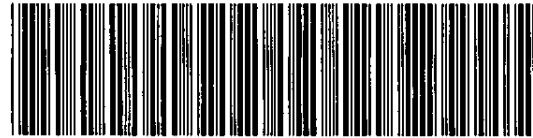
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500267232345

12/17/14--01007--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 17 AM 10:04

C.L.
12-23-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shehab Produce 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:

Khalid M. Banur

(Contact Person)

Shehab Produce LLC

(Firm/Company)

3415 Clear Stream Drive

(Address)

Orlando, FL 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

Khalid M. Banur

(Name of Contact Person)

at (407) 797-1854

(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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 17 AM 10:04

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: Shehab Produce LLC
2. The Florida document/registration number assigned to this limited liability company is:
L14000177007
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/08/2014
4. I, Ziad M. Hmeidan, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

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

x

Signature of Dissociating Member or Resigning Manager

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