## 1500133465

(R	equestor's Name)
(A	ddress)
· (A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Kec 7	1/29/15

Office Use Only



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10/01/15--01003--022 \*\*25.00

SECRETARY OF STATE.

OCT 01 2015 G. YOUNG

## **COVER LETTER**

TO:

Clifton Building

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

Registration Section

23

Division of Corporations	
SUBJECT: AMAZON ROOTS LLC	
(Name of Li	imited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
LEONARDO BARRIONUEVO	
. (Contact Person)	
AMAZON ROOTS LLC	
(Firm/Company)	Tio T
1101 BRICKELL AVE - ST - 8TH FLOO	OR SECRET
(Address)	SEP 29  RETARY AHASSE
MIAMI, FL, 33131	and a server
(City/State and Zip Code)	etter, please call:
For further information concerning this ma	utter, please call:
LEONARDO BARRIONUEVO	305 321-4577
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for:  \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

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## FL'ORIDA 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)

	ne limited liability company as it	appears on the records of the F	Florida Do	partn	nent 
2. The Florida do	cument/registration number assi	gned to this limited liability co	mpany is: ≌∽		
, FRANCISC		ned or will withdraw/resign is:, hereby withdraw/resign as		) <u>55</u> 29 29	TILE.
(Prini MANAGING	Name of Person Resigning)		OF STATE E, FEORIS	PM 4: 05	
of this limited l resignation in v	iability company and affirm the	limited liability company has b	cen notifi		my
Signature of l	Dissociating Member or Resigni	ng Manager			
_	• \$25.00 (Required) \$30.00 (Optional)				