US00110105

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Fittitle #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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D. SCOTT OCT 0 5 2016

COVER LETTER

Division of Corporations	
SUBJECT: Tampa 7 lowers are (Name of Limited Liability)	ity Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
Miriam Diaz (Contact Person) Hiriam Diaz Janpa Howers (Firm/Company)	and Provilets LLC
4719 Normandy Dr	
Fampa Dlouida 336 (City/State and Zip Code)	SECRETARY OF PARTIES CALLS
For further information concerning this matter, please	call:
(Name of Contact Person) at (81)	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flores \$25 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



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 I	Florida Department
of State is:	Tampa Howers	and	Baskets	LLC
2. The Florida docu	nment/registration number assig	ned to this	limited liability co	mpany is:
	00110705	<u></u> .		
3. The date this me	mber/manager withdrew/resign	ed or will	withdraw/resign is:	Sep. 20.2016
4. I, Norb	erto Bintez ame of Person Resigning)	, hereby	withdraw/resign as	a
Own	er.			
	(Print Title)		•••	.10. 1. 0
resignation in wr	bility company and affirm the li	mited liab	ility company has b	een notified of my
Nort	Seit Bent			BIT-
Signature of Di	ssociating Member or Resignin	g Manager	•	1-4 PE
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			1: 28 TATE LOGIDA