

L15000189113

From Account Bookkeeping 1.371.888.8914 Tue May 10 15:11:14 2016 MDT Page 1 of 3

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PURPLE AMAZON LLC

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MAY 12 2016

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(H160001163113)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PURPLE AMAZON 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:

ANDREA WOODARD

(Contact Person)

ABK CORP

(Firm/Company)

3300 S HIAWASSEE RD STE 106

(Address)

ORLANDO, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

ANDREA WOODARD

(Name of Contact Person)

407

898-1757

at ( )

(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

CR2E079 (2/14)

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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: PURPLE AMAZON LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000189113
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/04/2016
4. I, FABIO ABREU, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

(K160001163113)

2016 MAY 11 A 8:56  
SECRETARY OF STATE  
TAMMIE L. JAMES  
TALLAHASSEE, FLORIDA

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