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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Terra Pure LhC. (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:
HILTON BELL (Contact Person)
Terra Pare LLC (Firm/Company)
6023 Frisco Pd (Address)
Exortsville F.h. 34602 (City/State and Zip Code)
For further information concerning this matter, please call:
TINTOH BELL at (727) 460 8823 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\sum_{0.555}}\$ \text{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)



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 i	t appears on the reco	ords of the F	lorida	Department
	ERRA PURE				<u> </u>
2. The Florida doc	ument/registration number ass	igned to this limited	liability co	npany	is:
<u></u>	00004784	3.			
3. The date this me	mber/manager withdrew/resig	med or will withdray	v/resign is:	13	<u> 2019/6</u>
4. I, TAL (Print N	ETRA Tame of Person Resigning)	, hereby withdra	w/resign as	a	
	ng member (Print Title)				
of this limited lia resignation in wr	bility company and affirm the	limited liability com	pany has be	en not	tified of my
Signature of Di	ssociating Member or Resigni	ng Manager		r	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TARY OF STAR A SEF FLOR	18 A II:	

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