## 16000061559

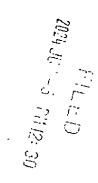
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE JUN 2 4 2024				

Office Use Only



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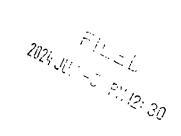


## **COVER LETTER**

TO: Regis	stration Section			
Divis	sion of Corporations			
SUBJECT:	Caribean Grains LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	ssociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ning this matter to	<b>)</b> :	
Fabias Voltairo	2			
	(Contact Person)	<del></del> ,	<del>_</del>	
Caribean Grair	ns LLC			
-	(Firm/Company)		<del>_</del>	
8649 Pluto Ter	тасе			
-	(Address)	•	<del>_</del>	
West Palm Bea	ach, Florida 33403			
	(City/State and Zip Code)			
For further in	nformation concerning this i	matter, please call	:	
Fabias Voltaire	:	704 at (	4929345	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple	ase find a check made paya		Department of State for:  ng Fee & Certified Copy	
			ig roo ta benimea copy	
Regis Divis	ng Address: stration Section ion of Corporations		Street Address: Registration Section Division of Corporations	
P.O. Box 6327 Tallabassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303





## 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)

	•	y as it appears on the records of the Florida Department
2. The Florida doc L16000067559		er assigned to this limited liability company is:
		/resigned or will withdraw/resign is:
4. I, Anise Andre (Print Name of Person Resigning)		, hereby withdraw/resign as a
Manager	(Print Title)	_·
of this limited lia resignation in wi	ability company and affire riting.	m the limited liability company has been notified of my
Anise Anise Signature of D	ndre issociating Member or Re	esigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	