

L16000067559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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J. HORNE
JUN 24 2024

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FILED
2024 JUN -3 PM 12:30

TO: Registration Section
Division of Corporations

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

at (704) 492-9345
(Area Code & Daytime Telephone Number)

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED
2024 JUL -5 PM 12:30

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: Caribbean Grains LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000067559

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/15/2024

4. I, Anise Andre, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

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

Anise Andre
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)