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| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bu | siness Entity Nar | ne) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | ed Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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S. WARREN DEC 0 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Ro's Garden Boutique (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: |
| Sarah F. Dean (Contact Person) |
| Ro's Garden Boutique, LLC (Firm/Company) |
| 5511 SW 12th Place |
| Cape Coral FL 33914 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sarah F. Dean at (239) 565-9876 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{2}\$\$ \$25 \text{ Filing Fee & Certified Copy}\$\$ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

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 it | appear | s on the rec | ords of the Flo | orida Dep | partm | ent |
|--------------------------------------------|-----------------------------|------------------|---------------------------------------|---------------|-----------------|------------|--------|-------------|
| of State is: | Rols | Garde | en | Bou | tiqu | <u> </u> | | _· |
| 2. The Florida docu | ment/registration | on number assi | gned to | this limited | d liability com | pany is: | | |
| L160 | 000 12 | 3178 | · | | | | | |
| 3. The date this men | mber/manager | withdrew/resign | ned or v | vill withdra | w/resign is: _ | 5-31 | - | 7 |
| 4. I, Darley | e F. D ume of Person Res | eav) | , her | eby withdra | aw/resign as a | | | |
| <u> </u> | Print Title) | · | | | | | | |
| of this limited liab resignation in wri | | and affirm the | limited | liability cor | mpany has bee | n notifie | d of n | ny |
| | 1 J. 1 | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Signature of Dis | ssociating Mem | ider or Resignii | ng Man | ager | | ALL'AL | 17 DEC | 17 |
| Filing Fee: | \$25.00 (Req | juired) | | | | ₹. 1945 | 1 | |
| Certified Copy: | \$30.00 (Opt | ional) | | | | SEC | ~0 | į į |
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