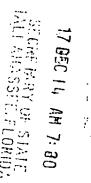
## 

· (1
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/14/17--01014--018 \*\*25.00



## **COVER LETTER**

TO: Registration Division of	Section Corporations	
SUBJECT: E	WATOR FLOWER I. (Name of Limited Liability Con	MPORTERS, LLC
The enclosed mem	 ber, resignation or dissociation and fec(s 	) are submitted for filing.
Please return all co	rrespondence concerning this matter to:	
NOI	ZMA JATIUA! (Contact Person)	_
	! (Contact Person)	
	(Firm/Company)	-
46345	KIRKMAN ROAD	
70-	(Address)	_
ORLAND	OFL 32811 (City/State and Zip Code)	_
	(City/State and Zip Code)  ition concerning this matter, please call:	
NOR V	Contact Person) at (407)	269-9/57
S25 Filing Fee	d a check made payable to the Florida D □ \$55 Filing	Fee & Certified Copy
STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, Florida	n ations nter Circle	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 I	imited liability company as it appears on the records of the Florida Department
of State is: $\overline{\mathcal{EQ}}$	VATOR FLOWER IMPORTERS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L16000	195 155
3. The date this men	ber/manager withdrew/resigned or will withdraw/resign is: 06-05-17
4. I. GRIJAL (Print Na	me of Person Resigning), hereby withdraw/resign as a
	16R 8
	ility company and affirm the limited liability company has been notified in y':
resignation in writ	
	DRIDA ORIDA
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)