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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Equalor H	ower Inporters LLC nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning  Orles  (Contact Person)	this matter to:
(Firm/Company)  8165 NW 484h L  (Address)	ne
Olala De 34482 (City/State and Zip Code)	<u> </u>
For further information concerning this mat	ter, please call:
Maia C. Caicedo (Name of Contact Person)	at ( <u>49</u> ) <u>26 9 - 93 8 /</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$\square\$ \$25 Filing Fee	to the Florida Department of State for:  \$\Boxed{\Boxesia} \\$\\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301





## 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)

	limited liability company as it appears on the records of the Florida Department Guator Flower Thyportors, LLC
·	ment/registration number assigned to this limited liability company is:
L 1600	0195155
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 14/20/18
4.1. Juan	Callos Pozo , hereby withdraw/resign as a
MBX	
1	Print Title)
of this limited liab	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
rv. r	\$35.00 (B. soviend)
_	\$25.00 (Required) \$30.00 (Optional)