L16 000211284

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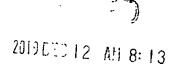
R. WHITE JAN 1 5 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Terra Blooms LLC	
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissociation	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Johan Joost Bos	
(Contact Person)	
Terra Blooms LLC	
(Firm/Company)	
1680 Michigan Ave Suite 700	
(Address)	
Miami Beach Florida 33139	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
Johan Joost Bos	305 491-6842
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\square\$ \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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	limited liability company as it appears on the records of the Florida Departmen
of State is:	a Blooms LLC
2. The Florida doc L1600021128	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	
Title MGR	
 	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
haster	fruits.
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)