L16000211284

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		
Terra Booms LLC SUBJECT:		
	imited Liability C	'ompany)
The enclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to	o:
Johan Joost Bos		
(Contact Person)		_
Terra Blooms LLC		
(Firm/Company)		
1680 Michigan Ave Suite 700		
(Address)		_
Miami Beach Fl.33139		
(City/State and Zip Code)	-	
For further information concerning this ma	itter, please cal	11:
Johan Joost Bos	305 at (491-6842
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable		•
■ \$25 Filing Fee	🗆 \$55 Fili	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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	c limited liability company as it appears on the records of the Florid	da Department
of State is:		
L16000211284	rument/registration number assigned to this limited liability compar	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 42-3	1-23
Diam. 12 1		·
(Print)	Name of Person Resigning), hereby withdraw/resign as a	;) !
MGR		
	(Print Title)	. 9
of this limited lia resignation in wr	bility company and affirm the limited liability company has been riting	notified of my
Signa u ire of D	issociating Member or Resigning Manager	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	