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## **COVER LETTER**

TO: Registration Section **Division of Corporations** NATURAL ROUGH, LLC SUBJECT: (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: PHILIPPO GIFFORD (Contact Person) NATURAL ROUGH, LLC (Firm/Company) 601 N.E. 36TH STREET, SUITE 2906 (Address) MIAMI, FLORIDA 33137 (City/State and Zip Code) For further information concerning this matter, please call: PHILIPPO GIFFORD 646 \_\_ at (\_\_\_\_ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **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)

	e limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L17000001995	ument/registration number as:	signed to this limited liability company is:
VIOLA MEL PI	CNANO	gned or will withdraw/resign is:
(Print)		, hereby withdraw/resign as a
resignation in w		e limited liability company has been notified of my
	\$25.00 (Required) \$30.00 (Optional)	