

L17000027586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

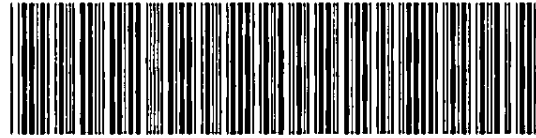
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUL 16 AM 10:16

Dissociation

SEP 02 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chowinard's Flowers Gifts's More LLC.
(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:

Mildred E. Dixon
(Contact Person)

(Firm/Company)

29 Herring Circle
(Address)

Crawfordville Fl. 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

Mildred E. Dixon at (850) 491-7326 or 850 692-1492
(Name of Contact Person) (Area Code & Daytime Telephone Number)
(Leave Message) (Answer)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUL 14 16
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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 Department

of State is: Chouinards Flowers Gifts & More LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L17000027586

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 2020

4. I, Mildred E. Dixon, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Mildred E. Dixon
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUN 16 AM 10:15