## L17000062769

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations		
SUBJECT: OHHMYGARDEN, LLC		
	ted Liability Cor	прапу)
The enclosed member, resignation or dissocia	ntion and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Ivana Saud		
(Contact Person)		,
Jonathan H. Green & Associates, P.A.		
(Firm/Company)		_
800 Brickell Avenue, Suite 1400		
(Address)		_
Miami, Florida 33131		
(City/State and Zip Code)	<del></del>	_
For further information concerning this matte	r, please call:	
Ivana Saud	305	372.5100
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: 3. 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 l	Florida Department
of State is: OH	H MY GARDEN, LLC		· · · · · · · · · · · · · · · · · · ·
2. The Florida doc L1700006270	_	ssigned to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	04/17/2018
4. I, Rona Green	lang of Parson Resigning)	, hereby withdraw/resign as	a As me
Manager			ZUIB APR 23 SECRETARY ALLAHASSE
resignation in wi	ona Mu	e limited liability company has b	R 23 SH 12: 3) AR SEE STATE SSEE STATE ORIDA
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		