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DIVISION OF CONFORMICKS

O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ACAI GRO (Name of Limited	DVP LLC Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
DOUGLAS LANG (Contact Person)	
GRAIN AND BERRY (Firm/Company)	
33840 U.S. HWY 19 N. (Address)	
PALM HARROR, FL 3468 (City/State and Zip Code)	<i>[[]</i>
For further information concerning this matter,	please call:
DOVG-LAS LANG at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301



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 Departme	nt
of State is: A	cai Group LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company is:	
<u>L1700</u>	00080373	
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{06/30/17}{1}$	-
	Me/cer, hereby withdraw/resign as a ame of Person Resigning)	
Manag	Print Title)	
resignation in wri		
(lary	July Sion o	T
Signature of bi	ssociating Member or Resigning Manager	
_	ssociating Member or Resigning Manager \$25.00 (Required) \$30.00 (Optional)	
_	\$25.00 (Required) \$30.00 (Optional)	۔ <u>ب</u>