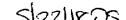
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-	·	
(Re	questor's Name)	
	<u>.                                    </u>	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Γ		
Special Instructions to	Filing Officer:	
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05/21/18--01006 -006 \*\*25.00



## COVER LETTER

~	stration Section sion of Corporations				
SUBJECT:	3 WILDFLOWERS, LLC (Name of I	imited Liability Co	mpany)	· <u> </u>	
The enclosed	d member, resignation or disso	ociation and fee(	s) are submitted for	r filing.	
Please return	all correspondence concernii	ig this matter to:			
Kiley Mann	ing			,	
	(Contact Person)		<del>_</del>	- ;	
Wild Lemor	n				
	(Firm/Company)		_		
3000 N. 12	th Avenue				
	(Address)		_	;: =	
Pensacola,	FL 32503				
	(City/State and Zip Code)		<del>-</del>		
For further in	nformation concerning this ma	itter, please call:			
Kiley Mann	ing	850 at (	417-0040		
(N	lame of Contact Person)	(Area Code	e & Daytime Telepho	one Number)	
Enclosed placed placed S25 Filing	ease-find a check made payable.		Department of State g Fee & Certified C		
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations			
Clifton Build 2661 Execut	*		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)

	imited liability company as it ap	pears on the records of the l	Florida Department	
2. The Florida docu L17000106350	ment/registration number assigne	ed to this limited liability co	mpany is:	
3. The date this mer	nber/manager withdrew/resigned	or will withdraw/resign is:	5/15/2018	
4. I. Lindsay R Myers (Print Name of Person Resigning)				
MGRM	me of Person Reagaing)			
	Print Title)			
of this limited liab resignation in writ	ility company and affirm the liming.	ited liability company has b	een notified of my	
July!	W			
Signature of Dis	sociating Member or Resigning	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			