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SELVE STATE
ALLAHASSEE, FLORIDA

SFP 29 PH 2: 9

S. WARREN OCT 0 2 2017

## **COVER LETTER**

TO: Registration Section Division of Corpora			
NUTRACAN SUBJECT:	INA LLC		
	(Name of Limited Liability Company)		
The enclosed member, resig	gnation or dissociation and fo	ec(s) are submitted for filing.	
Please return all correspond	dence concerning this matter	to:	
SEAN MONACO			
(Conta	act Person)	<del></del>	
(Firm)	Company)		
823 CEDAR COVE ROA	ND		
(Ad	ldress)		
WELLINGTON FLORID	A 33414		
(City/State	e and Zip Code)	<del></del>	
For further information cor	cerning this matter, please ca	all:	
SEAN MONACO	954 at (	804-5406	
(Name of Contact		Code & Daytime Telephone Number)	
Enclosed please find a chec	ck made payable to the Florid	da Department of State for: ling Fee & Certified Copy	
STREET/COURIER AD	DRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circ Tallahassee, Florida 32301	cle	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)

NU	c limited liability company as it ap	opears on the records of the Florida Department
2. The Florida do L170001290	_	ed to this limited liability company is:
2 FFI 1 1 1		9/25/2017
		d or will withdraw/resign is:
Sean Mona	co for Union Capital Associate	hereby withdraw/resion as a
(Print	Name of Person Resigning)	_ neleby withdraw/resign as a
PRESIDENT		
	(Print Title)	
of this limited li resignation in w		nited liability company has been notified of my
Signature of D	Pissociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	17 SEP