

L17000174739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

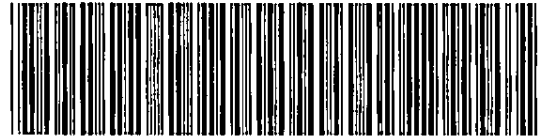
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200307942652

01/23/18--01019--015 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 22 PM 3:51

K. SALY  
JAN 24 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIONESTLY NATURAL USA, 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:

RUBEN ALCOBA, ESQ.

(Contact Person)

ALCOBA LAW GROUP PA

(Firm/Company)

3399 NW 72 AVENUE STE 211

(Address)

MIAMI, FLORIDA 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN ALCOBA

(Name of Contact Person)

at 305 3628118

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☒ \$55 Filing 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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

JAN 22 2018

**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: BIONESTLY NATURAL USA, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000174739

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/05/2018

4. I, LAURA MARIA QUESADA CASTRO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER AND MEMBER

*(Print Title)*

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

Laura Quesada Castro 706780716  
Signature of Dissociating Member or Resigning Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 22 PM 3:51

ND 15