

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
				

Office Use Only



600337305026

11/25/19--01034--014 *+25.00

19 NON 25 MH 11: 00

C WCHVIL

COVER LETTER

d Liability Co	ompany)
ion and fee	(s) are submitted for filing.
is matter to	:
	-
	
please call	:
218 nt (591-1531
(Area Coo	le & Daytime Telephone Number)
	Department of State for: ng Fee & Certified Copy
	MAILING ADDRESS: Registration Section
	please call 218 (Area Coo

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

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)

	e limited liability company as RBIDDEN GARDEN FLOF	RALS LLC
2. The Florida doc	· ·	ssigned to this limited liability company is:
4. I. Victoria Pau	Ison	signed or will withdraw/resign is:, hereby withdraw/resign as a
(Print l	Name of Person Resigning) (Print Title)	
of this limited lia resignation in w	ability company and affirm th	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
_	\$25.00 (Required) \$30.00 (Optional)	