

L17000228072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

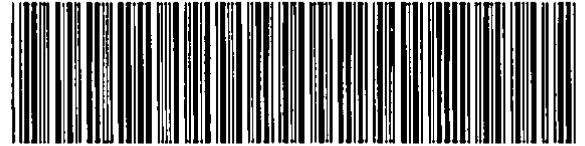
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400329282084

05/16/19--01021--001 ++25.00

D SCOTT

JUN - 4 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TROPACK INVESTMENT 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:

Annette Echeverria  
(Contact Person)

TROPACK INVESTMENT LLC  
(Firm/Company)

16169 Ravina Way  
(Address)

NAPLES, FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Annette Echeverria at (239) 689-0822  
(Name of Contact Person) (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

**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: TROPACK INVESTMENT LLC

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

L17000228072

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04.30.20

4. I, Annette Echeverria, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMBER  
(Print Title)

(Annette will be only THE  
MANAGER AND REGISTERED /

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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