## 117000245053

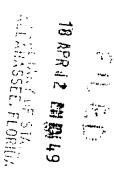
(Re	questor's Name)			
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: EXOTICAS FLOWERS 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:
April Griffin (Contact Person)
Exoticas Flowers LLC (Firm/Company)
1221 94th Street (Address)
Buy Harbor Islands, FL 33154 (City/State and Zip Code)
For further information concerning this matter, please call:
April Guffin at (772) 538.7841  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$\$ \$\squ
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

1. The name of the lin	nited liability company as it appo	ears on the records of the Flor	rida Department
of State is: <u>EX</u>	oticas Flowers	HC	·
2. The Florida docume	ent/registration number assigned	I to this limited liability comp	any is:
L17000	245053		
3. The date this memb	per/manager withdrew/resigned o	or will withdraw/resign is:	131/18
4. I, Cathorne (Print Name	e of Person Resigning)	hereby withdraw/resign as a	APR.12
Manager (Pr)	int Title)		SEE FL
of this limited liabili resignation in writin	ity company and affirm the limit	ed liability company has been	notifiednof my
Jahrene	Much	<u> </u>	
Signature of Disso	ociating Member or Resigning M	1anager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		,