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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	 WAIT	MAIL
(Ви	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



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م مدا بار

COVER LETTER

Division of Corporations				
SUBJECT: Ohana Embroidery LLC				
	imited Liability Cor	npany)		-
The enclosed member, resignation or disso	ociation and fee(s	s) are submitted for	filing.	
Please return all correspondence concerning	ng this matter to:			
Paul Farmer				
(Contact Person)				
Ohana Embroidery				
(Firm/Company)				
3306 18th Ave W				
(Address)		_	·	~~
Bradenton Florida, 34205			ALCAI ALCAI	
(City/State and Zip Code)			1	A-PA
For further information concerning this ma	atter, please call:		200 A	72 P
Alicia Farmer	941 at (773-8634	15 S	==
(Name of Contact Person)		& Daytime Telepho	one Number)	
Enclosed please find a check made payabl \$25 Filing Fee		Department of State g Fee & Certified C		
	•		••	
STREET/COURIER ADDRESS: Registration Section		MAILING ADD Registration Secti		
Division of Corporations		Division of Corpo		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Flori	da 32314	

CR2E079 (2/14)

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)

1. The name of the lin	nited liability company as it appears on the records of the Florida Department
of State is:	Embroidery LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L17000	a48364
	ber/manager withdrew/resigned or will withdraw/resign is: 4/2/18
4.1, Robert	he of Person Resigning), hereby withdraw/resign as a many second property of the property of t
(Print Nam	ne of Person Resigning)
AR_	
(Pr	int Title)
of this limited liabil	ity company and affirm the limited liability company has been notified of my
resignation in writing	ng.
	Fame
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)