

218000011567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

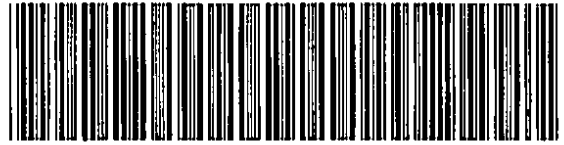
(Document Number)

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22 AUG 16 AM 9:30

2022 AUG 16 PM 1:53
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Special Fruit Arrangements 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:

Angel Rafael Carranova Lizama
(Contact Person)

Special Fruit Arrangements LLC
(Firm/Company)

8600 NW 56th Street, Unit #1
(Address)

Doral FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

Angel Rafael Carranova Lizama at (305) 439-2979
(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 16 AM 9:30

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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: Special Fruit Arrangements, LLC

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

L180000011567

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/10/22

4. I, Alaimo Strazzeri Maria Rosa, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

22 AUG 16 AM 9:30

Division of Corporations
State of Florida

**Detail by Entity Name**

Florida Limited Liability Company
SPECIAL FRUIT ARRANGEMENTS, LLC

Filing Information

Document Number L18000011567
FEI/EIN Number 83-0797853
Date Filed 01/12/2018
Effective Date 01/12/2018
State FL
Status ACTIVE

Principal Address

8600 NW 56th Street
UNIT 1
DORAL, FL 33166

Changed: 01/06/2020

Mailing Address

8600 NW 56th Street
UNIT 1
DORAL, FL 33166

Changed: 01/06/2020

Registered Agent Name & Address

ALAIMO STRAZZERI, MARIA ROSA
10255 Nw 63rd Terr
Apt 101, BLDG 6
Doral, FL 33178

Name Changed: 01/02/2019

Address Changed: 01/28/2022

Authorized Person(s) Detail**Name & Address**

Title AMBR

01/27/22
J. L. ...
T/A: (697, M.A.)