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Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : SIEGRIED, KIPNIS, RIVERA, BERNER, DE LA TORRE & MOCMAKSI PA.
Account Number : 076424000767
Phone : (305) 442-3334
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Email Address:

scatalano@siegfriedrivera.com

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WEKIVA FOODS, LLC

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THANK YOU.
 DIANE HENRY
 SINGFRIED RIVERA.

[H190000833503]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEKIVA FOODS, LLC

(Name of Limited Liability Company)

The enclosed member resignation by dissociation and (ex's) are submitted for filing.

Please return all correspondence concerning this matter to:

John Catalano

(Contact Person)

Siegfried Rivera

(Firm/Company)

201 Alhambra Circle, 11th Floor

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

John Catalano

305

442-8548.

(Name of Contact Person)

at (

(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

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Registration Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
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MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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)

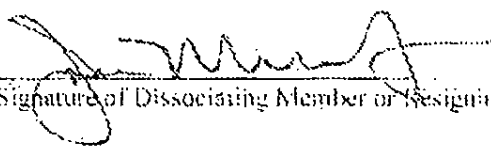
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WEKIVA FOODS, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L18000011627

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 12, 2019

4. I, JAMES MARCHANT, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(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)

[H190000833503]