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(R	equestor's Name)		
(A	ddress)		
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(C	ity/State/Zip/Phone	· #)	
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(B	usiness Entity Nam	ne)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE VERANO CON (Name of Limited Li	MPANY LLC jubility Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
SUMMER SHIVER LOWES (Contact Person)	
THE VERAW COMPANY (Firm/Company)	
3325 BAYSHORE BLUD, CI	1
TAM Pra, FL. 33629 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
SUMMER SHIVER JONES at (Name of Contact Person)	813 313 0754 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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

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	limited liability company as it appears on the re-	ecords of the Florida Department
of State is:	re Verano Company, LLC	·
2. The Florida doc	ument/registration number assigned to this limit	ed liability company is:
L18000	011979	
3. The date this me	mber/manager withdrew/resigned or will withd	raw/resign is: SEPT 1, 2020
4. 1	ON GLENN JONES . hereby withd	raw/resign as a
PRESIC	ENT	
of this limited lia resignation in wr	bility company and affirm the limited liability caiting.	ompany has been notified of my
Signature of Di	ssociating Member or Resigning Manager	- ?2 ?2
<u> </u>		75/100 F 15
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	 υ.
		<u>₽</u>
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