

218 000 188 583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

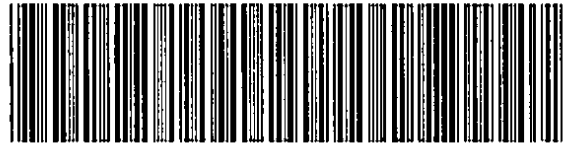
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08/16/22--01018--023 **25.00

22 AUG 16 AM 9:31
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Special Fruits 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 Gasanova Lizama
(Contact Person)

Special Fruits Arrangements LLC
(Firm/Company)

4509 Orient RD Unit B
(Address)

Tampa, FL 33610
(City/State and Zip Code)

For further information concerning this matter, please call:

Angel Rafael Gasanova Lizama : (305) 439-2779
(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

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RECEIVED
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 Fruits Arrangements, LLC

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

L18000188523

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

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

MBR
(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 9:31
DIVISION OF CORPORATIONS

**Detail by Entity Name**

Florida Limited Liability Company
SPECIAL FRUITS ARRANGEMENTS, LLC.

Filing Information

Document Number L18000188583
FEI/EIN Number 83-1489835 ✓
Date Filed 08/07/2018
Effective Date 08/07/2018
State FL
Status ACTIVE

Principal Address

4509 ORIENT RD
UNIT B
TAMPA, FL 33610

Changed: 01/03/2019

Mailing Address

8600 NW 56th Street
UNIT 1
DORAL, FL 33166

Changed: 01/03/2019

Registered Agent Name & Address

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

Name Changed: 01/03/2019

Address Changed: 01/31/2022

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

Title AMBR

Date Enc-31-22
Paid 158.75
Type CC 5174 (CTA - Personal)
Synarus