1190000 23688

(Address)	000340940
(City/State/Zip/Phone #)	·
(Business Entity Name)	02/20/2001022
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT MAR 1 3 2020
Office Use Only	DSS/Posing W/W/



860

010 **25.00

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	onous CDFATNALLC	ed Liability Co	nipany)
The enclos	ed member, resignation or dissocial	tion and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning th	nis matter to:	
Jose E. Diaz			
	(Contact Person)		-
guava CREA	TIVA LLC		
	(Firm/Company)		_
7028 W Wat	ers Ave. PMB 1010,		
-	(Address)		_
Tampa, FL 3	3634		
	(Crty/State and Zip Code)		_
For further	information concerning this matter	, please call:	
Jose E. Diaz		407 at (230-5223
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	lease find a check made payable to ng Fee		Department of State for: g Fee & Certified Copy
Reg Div P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, 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	e limited liability company as it appears on the records of the Florida Department
of State is: guav	a CREATIVA LI.C
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 02/24/2020
Verenies T Fals	
Partner/Manager	
	(Print Title)
resignation in w	eallon
Signature of Q	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Certified Copy.	\$50.00 (Optional)