L19000/23525

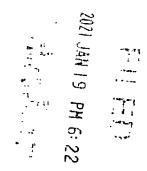
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiliess Endly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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558 2 6 2021 **S. YOUN**G

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Asher Organics & Habs 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:					
Nancy Bridges (Contact Person)					
Asher Organics & Herbs LLC					
CAO Man St. # 181					
Safety Hawbor FL 34695 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Name of Coptact Person) (Name of Coptact Person) (Name of Coptact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations					

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee. FL 32314



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:	Asher Organic	is & Hevbs	LLC
	Uument/registration number as		
L19	000123525	·	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/re	esign is: 1/12/21
4. 1, ///// (Print N	1 CY BVIACY S Tame of Person Resignifier	, hereby withdraw/re	esign as a
N	Umher (Print Title)		
of this limited lia resignation in wr	bility company and affirm th	e limited liability compar	ny has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	202
Filing Fee: Certified Copy:			9 11 19 2021 JAN 19
certifica copy.	930.00 (Optional)		9 PH 6:
			· • • • • • • • • • • • • • • • • • • •