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Registration Section Division of Corporations

TO:

SUBJECT: De Casanova Flouere (Name of Limited Liability Com	19 & Design LAC.
(Name of Limited Liability Com	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Katherine Gonez	
(Contact Person)	
DE Casanova Floreing & Design	LRC
3255 NW 94 th AVE # 8113	
City/State and Zip Code)	
For further information concerning this matter, please call:	
Katherine Gomez at (Area Code of Contact Person) (Area Code of Contact Person)) 415-7727 & Davtime Telephone Number)
Enclosed please find a check made payable to the Florida De	•
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)

	_		ppears on the records of the NGL DEA		_	
	_	tration number assign 6642	ned to this limited liability	company is:		
3. The date this me	mber/mana	1 2 4 2 -	d or will withdraw/resign _, hereby withdraw/resigr		<u>)-19</u>	
H	ame of Person GR. (Print Tule)				2019 DEC	:
of this limited lial resignation in wr		any and affirm the lin	nited liability company ha	as been notified	30fry 10 AH 9:	; ; == "-=;
Signature of Di	ssociating I	Member or Resigning	Manager	; .	09	
Filing Fee: Certified Copy:		(Required) (Optional)				