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COVER LETTER

Division of Corporations ALMONDS OF THE CARRIBBEAN LLC **SUBJECT:** (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: JESSICA HAUGHTON (Contact Person) ALMONDS OF THE CARIBBEAN (Firm/Company) 4526 THOMPSON AVE (Address) SEBRING FLORIDA 33875 (City/State and Zip Code) For further information concerning this matter, please call: JESSICA HAUGHTON at (_____ (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: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Departmen ONDS OF THE CARIBBEAN LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
CUDISTOBLE	
MANAGER	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Shr.M. Hemre
	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)