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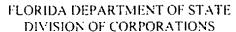
Division of Comorations ROYAL FLOWER BOX LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: NELLY ILYICHEV (Contact Person) ROYAL FLOWER BOX LLC (Firm Company) 23092 OLD INLET BRIDGE DRIVE (Address) BOCA RATON / FL 33433 (City/State and Zip Code) For further information concerning this matter, please call: NELLY ILYICHEV (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy □ \$25 Filing Fee **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)

1. The name of the	limited liability company as it appears on the r	ecords of the Florida Department
of State is: ROY/	AL FLOWER BOX LLC	<u>.</u>
2. The Florida docu L19000253321	ument/registration number assigned to this limit	ted liability company is:
3. The date this me	ember/manager withdrew/resigned or will withd	03/11/2020 lraw/resign is:
POZITA MOLKA		
(Print N	Name of Person Resigning)	-
AUTHORIZED N	MEMBER	
	(Print Title)	
of this limited lial resignation in wr	ability company and affirm the limited liability criting.	company has been notified of my
Plol	M	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	