

9/3/24, 5:30 PM

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CYAN CONSULTANTS INC.
Account Number : I20180000074
Phone : (321)710-2030
Fax Number : (407)650-3216

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Email Address: documents@cyaninc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMAZONIA HOLY HERBS LLC

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SEP - 5 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMAZONIA HOLY HERBS 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:

TOMAS HENRIQUE MENDONCA
(Contact Person)

AMAZONIA HOLY HERBS LLC
(Firm/Company)

8256 MARITIME FLAG ST UNIT 1716
(Address)

WINDERMERE, FL 34786
(City-State and Zip Code)

For further information concerning this matter, please call:

TOMAS HENRIQUE MENDONCA 425 245-4062
(Name of Contact Person) at (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

MailingAddress:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR21:079 (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 limited liability company as it appears on the records of the Florida Department of State is: AMAZONIA HOLY HERBS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000010309

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2023

4. I, TOMAS HENRIQUE MENDONCA, hereby withdraw/resign as a
(Print Name of Person Resigning)
AUTHORIZED MEMBER - ABMR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Tomas Henrique Mendonca
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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