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## **COVER LETTER**

**Division of Corporations** HAPPY VALLEY PRODUCTS USA, 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: PETER BRIMO (Contact Person) HAPPY VALEY PRODUCTS USA, LLC (Firm/Company) 7546 WEST McNAB ROAD, B26 (Address) NORTH LAUDERDALE, FL 33068 (City/State and Zip Code) For further information concerning this matter, please call: PATRICK FISHER 334 - 5819 (Area Code & Daytime Telephone Number) (Name of Contact Person) 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

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Registration Section



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## 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. 7	The name of the limited liability company as it appears on the records of the Florida Departme
C	of State is:
2. ~	The Florida document/registration number assigned to this limited liability company is:  L20000014796
3. ~	The date this member/manager withdrew/resigned or will withdraw/resign is:
	, KISE ROSE, hereby withdraw/resign as a, hereby withdraw/resign as a
	(Print Name of Person Resigning)
	MEMBER
	(Print Title)
	f this limited liability company and affirm the limited liability company has been notified of nesignation in writing.
	16:2.
	Signature of Dissociating Member or Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: