LZO 000035916

| (Requestor's Name) | |
|---|---------------|
| (Address) | 100345576 |
| (Address) | 100010070 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 06/01/2001022 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | - |
| | |
| | |
| | |

Office Use Only

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JUN 1 9 2020

COVER LETTER

TO: Registration Section Division of Corporations

| PURE ORG. SUBJECT: | ANIC LLC | |
|---|--------------------|---|
| | nited Liability Co | mpany) |
| The enclosed member, resignation or dissoc | iation and fee(| s) are submitted for filing. |
| Please return all correspondence concerning | this matter to: | |
| BLAS FIORITO | | |
| (Contact Person) | | _ |
| PURE ORGANIC LLC | | |
| (Firm/Company) | | _ |
| 7232 NW 70 STREET | | |
| (Address) | | |
| MIAMI, FL. 33166 | | |
| (City/State and Zip Code) | | _ |
| For further information concerning this mat | ter, please call: | |
| BLAS FIORITO | 786 at (| 3802515 |
| (Name of Contact Person) | | & Daytime Telephone Number) |
| Enclosed please find a check made payable | | Department of State for: g 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



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)

| | limited liability company as it appears on the records of the Florida Departmen PURE ORGANIC LLC |
|---|---|
| | ument/registration number assigned to this limited liability company is: 00035916 |
| VICENTE F | 5/28/2020 ember/manager withdrew/resigned or will withdraw/resign is: ORITO hereby withdraw/resign as a |
| (Print) MEM | <u> </u> |
| of this limited lia resignation in w | (Print Title) bility company and affirm the limited liability company has been notified of my iting. |
| | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |