OC 396049

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations	
Thrifty Quality Produce LLC SUBJECT:	•
	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Ismael Vega	
(Contact Person)	
Thrifty Quality Produce LLC	
(Firm/Company)	
1780 Croton Road	
(Address)	
Melbourne, FL 32935	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Ismael Vega	321 242-3301
(Name of Contact Person)	at () (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida Department of State for:
■ S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

. CR2E079 (2/14)



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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)

	e limited liability company as it appears on the records of the Florida Department by Quality Produce LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
4. I, Omayra Rosario	hereby withdraw/resign as a
Managing Memb	Name of Person Resigning) er/Partner (Print Title)
resignation in w	ability company and affirm the limited liability company has been notified of my riting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)