## L20 000103943

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to mining Offices.	

Office Use Only



900351593439

09/09/20--01009--025 \*\*55.00

\$27 08 444

2020 SEP -8 PM 1:44
SECRETARY OF STATE

Ja 10/16/20

## **COVER LETTER**

**TO:** • Registration Section Division of Corporations

SUBJECT: Organice de LLC (Name of Limited)	Liability Company)
The enclosed member, resignation or dissociatio	
Please return all correspondence concerning this	matter to:
$\bigcirc$ $_{\lambda}$	
KON COLLINS	
Kon Collins (Contact Person)	
ORGANICIDE LLC (Firm/Company)	
(Pirin/Company)	
692 Swall MiliTARY TA	PAIL, SuizEB
(Address)	,
DEERFIELD BEACH, FL. (City/State and Zip Code)	33442
For further information concerning this matter, p	lease call:
Row Coccins at (Name of Contact Person)	(951) 980-1050
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	
Mailing Address: Registration Section	Street Address: 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

CR2E079 (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: Organicide Lic
2. The Florida document/registration number assigned to this limited liability company is:
120000103943
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{9}{4}$
4. I, Acun B. Frank, hereby withdraw/resign as a (Print Name of Person Resigning)
Managina Partner (Arini Tille)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)