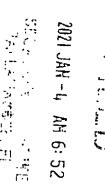
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Office Use Only



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O SIMMONS FEB 1 2 2021

COVER LETTER

Division of Corpo	rations		
Organicide, Ll SUBJECT:	.C		
SOBJECT.	(Name of Lim	nited Liability C	Company)
The enclosed member, res	signation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspon	ndence concerning	this matter to	o:
Ron Collins			
(Cor	ntact Person)		
Organicide, LLC			
(Fin	n/Company)		
692-B South Military Trail			
(4	Address)		_
Deerfield Beach, Fl., 33442			
(City/Sta	ate and Zip Code)		_
For further information co	oncerning this matt	er, please cal	II:
Ron Collins		954 at (980-1050
(Name of Contac	t Person)		de & Daytime Telephone Number)
Enclosed please find a che ☐ \$25 Filing Fee	eck made payable t		Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32	rations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section



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 Department nicide, LLC
2. The Florida doc 1.20000103943	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Connor Rowland	
AMBR	tame of Verson Resigning)
<u> </u>	(Print Title)
resignation in wi	
•	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)