## LZ0000304828

(Re	equestor's Name)	<del></del>		
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
<u></u>				

Office Use Only



200354586272

11/06/20--01012--024 \*\*25.00

nec 14 2020 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Nelly Oraginal Liability Company)  (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:
Gustavo Martinet (Contact Person)
Gustavo Adolfo Martinez PA (Firm/Company)
3450 Sw 131 Terrace
Davie FL 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
Gostavo Martinez at (954) 394-7078 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  [1] \$25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



## 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 a	s it appears on the record	ds of the Florida Department
of State is:	elly Organics	,LLC	·
2. The Florida docu	iment/registration number a	ssigned to this limited li	ability company is:
L20000	0.304828	<del></del> ·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/	resign is: 11 1 2020
	Raise 11C ame of Person Resigning)		
A F	Print Title)		
of this limited lial resignation in wr		he limited liability comp	any has been notified of my
	72		7,82.
Signature of Di	ssociating Member or Resig	gning Manager	7820 NOV
~	\$25.00 (Required) \$30.00 (Optional)		D P
Certified Copy.	\$50.00 (Optional)		6. (1)