

121 000075466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

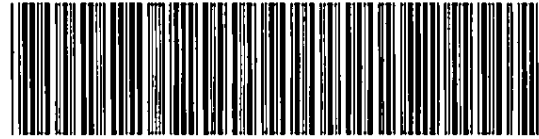
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV - 3 2021

Office Use Only



200375519242

10/25/21 -01032--012 ++25.00

FILED
2021 OCT 25 AM 6:20
SECRETARY OF THE
TALLAHASSEE COUNTY

70

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blooming Sensories, LLC

(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:

Ashley Hunter

(Contact Person)

Blooming Sensories, LL

(Firm/Company)

4403 Castlebar Way

(Address)

Valrico/Florida, 33596

(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Hunter

at (631) 902-9433

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED
2021 OCT 25 AM 6:20
SECRETARY OF STATE
TALLAHASSEE, FL

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)

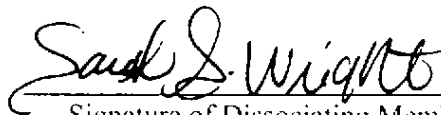
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Blooming Sensories, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000075466

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/10/2021

4. I, Sarah Wright, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Representative
(Print Title)

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)