L21000076335

(Req	uestor's Name)	
(Addi	ress)	
	ress)	.
(Addi	(622)	
(City/	/State/Zip/Phon	e #)
	_	
PICK-UP	MAIT	MAIL
(Ruei	iness Entity Na	ma)
(Dusi	mess Emily Mai	m e)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
		
Special Instructions to F	iling Officer:	
<u>. </u>		

Office Use Only



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06/11/21--81017--010 **25.00



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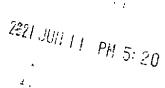
COVER LETTER

Liability Company)	
n and fee(s) are submitted for filing.	
matter to;	
	
	
lease call:	
786, 633-1131	
Area Code & Daytime Telephone Number)	
Florida Department of State for:	
\$55 Filing Fee & Certified Copy	
Street Address:	
Registration Section	
Division of Corporations	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	FLOWERS LLC
2. The Florida doc L21000076335	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4.1. tomes	hereby withdraw/resign as a same of Person Resigning)
Manager	
	(Print Title)
of this limited līa resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)