121000321176

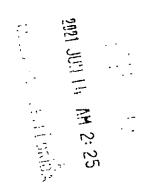
(Requestor's Name)						
(Address)						
(Address)						
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(City/Chata Cia/Dhana 40						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Cartified Coaise Cartification of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

TO:		ration Section on of Corporations						
SUBJF	ECT:	Moon and Flower: Coffeehouse, Te	a and	Apothecary	Y			
00201	_	(Name of Limited Liability Company)						
The end	closed	member, resignation or dissoc	ciatio	on and fee	e(s) are submitted for filing.			
Please	return a	all correspondence concerning	g this	s matter to):			
Jackie T	ufford							
		(Contact Person)			_			
Moon ar	nd Flowe	er -						
		(Firm/Company)						
101 Sou	th Feder	al Hwy, #257						
		(Address)			_			
Boynton	ı Beach,	FL 33435						
		(City/State and Zip Code)						
For fur	ther inf	formation concerning this mat	ter,	please call	1:			
Jackie T	`ufford		at	814	308-3733			
	(Na	me of Contact Person)			le & Daytime Telephone Number)			
Enclose	ed plea	se find a check made payable	to th	ne Florida	Department of State for:			
\$25	•				ng Fee & Certified Copy			
	Mailing	Address:			Street Address:			
	Regist	ration Section			Registration Section			
		on of Corporations			Division of Corporations			
		ox 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	ranan	assee, FL 32314			Tallahassee, FL 32303			



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)

	limited liability company as it and Flower: Coffeehouse Tea and A	• •	the Florida Department
2. The Florida doct L21000221176	ument/registration number assi	gned to this limited liabilit	ty company is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resig	n is:
4. I, Susan Tufford-St		, hereby withdraw/resig	gn as a
(Print N	lame of Person Resigning)		_
Title: AMBR			
	(Print Title)		2021 JUI
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company l	
			. 3
()	111 11 - 8/2		13
- UNCO / IC	ssociating Member or Resignin	ng Manager	2: 25
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		