

L220000367797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

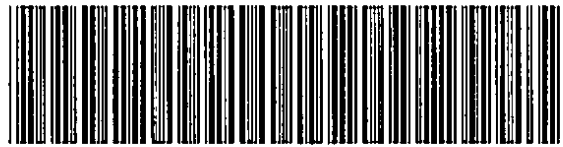
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700397664757

11/21/22--01033--001 \*\*25.00

ALLIANCE, FLORIDA

2022 NOV 21 AM 5:49

TEB & G  
PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pearls From Paradise 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:

Paradise Franklin  
\_\_\_\_\_  
(Contact Person)

Pearls From Paradise LLC  
\_\_\_\_\_  
(Firm/Company)

242 S. Washington Unit 178  
\_\_\_\_\_  
(Address)

Sarasota, Florida 34236  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paradise Franklin                      706                      351-7468  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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



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: Pearls From Paradise LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000367797

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/20/22

4. I, John Whitman, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member

*(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)

2022 NOV 21 AM 5:49  
CALL 888.322.1600