123000212115

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SECRETARY OF STATE OF

COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	AGROFISH LLC			
	(Name of L	imited Liability C	ompany)	
The enclosed	d member, resignation or disso	ciation and fee	c(s) are submitted	for filing.
Please return	all correspondence concerning	g this matter to) :	
CARLOS E LA	ANDER			•
	(Contact Person)			
AGROFISH L	гс			
	(Firm/Company)			
9340 FONTAI	NEBLEAU BLVD 209			
	(Address)			•
MIAMI FL 33	172			i ji di 'a Milana di Seriana
	(City/State and Zip Code)			176
For further in	nformation concerning this ma	tter, please call	l :	
CARLOS E LA	ANDER	305 at (322-0655	
(N	ame of Contact Person)		le & Daytime Telep	phone Number)
Enclosed ple	ase find a check made payable g Fee		Department of St	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Se Division of Co The Centre of 2 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

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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)

of State is: AGR	OFISH LLC	u. Serar 8
2. The Florida doc 1,23000212115	ument/registration number assigned to this l	imited liability company is:
. The date this me	ember/manager withdrew/resigned or will w	ithdraw/resign is: 6/22/2023
I. I, JUAN C GIOVA (Print)	ANNETTI , hereby w	ithdraw/resign as a NY
		
	(Print Title)	
	bility company and affirm the limited liabili	ty company has been notified
of this limited lie resignation in wr	bility company and affirm the limited liabili	ty company has been notified
resignation in wr	bility company and affirm the limited liabili	ty company has been notified there
resignation in wr	bility company and affirm the limited liabiliting.	riga Det

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