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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Branded Roots & Co., 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:
Susan Rushing (Contact Person)
Branded Roots + Co., LLC (Firm/Company)
867 N West-Crown Point Rd.
Winter Jarden, Fl 34787 (Gity/State and Zip Code)
For further information concerning this matter, please call: Branded roots co Dg mail.com
Susan Rushing at (407) 466-9655 (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 \$\sum \\$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

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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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	randed Roots + CO., LLC
<u> L2400</u>	ment/registration number assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: $1000000000000000000000000000000000000$
4.1, Haley	Rushing, hereby withdraw/resign as a
Mg	Print Title)
of this limited liab resignation in vri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	RWhin G esociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)