L150000 16667

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COVER LETTER

TO: Registration Section Division of Corporations		
Division of Corporations		
SUBJECT: POPSY, LLC		
(Name of I	Limited Liability C	ompany)
The enclosed member, resignation or diss	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to):
RICHARD BILDA		
(Contact Person)	· . · · · · · · · · · · · · · · · · · ·	_
POPSY LLC		
(Firm/Company)		_
2541 BRICKELL AVE. APT. 9K		
(Address)	· · · · · · · · · · · · · · · · · · ·	-
MIAMI, FL 33129		
(City/State and Zip Code)		
For further information concerning this m	atter, please cal	1:
RICHARD BILDA	305	491-2609
(Name of Contact Person)		de & Daytime Telephone Number
Enclosed please find a check made payable \$25 Filing Fee		Department of State for:
	_ 400 1	. В 12 22 22 1111144 Сору
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		. a.i.a.ia.5500, 1 101144 5251 1

CR2E079 (2/14)



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	s it appears on the records of the Flo	orida Dej	partm	ent
of State is: POP	SY, LLC				_·
	-	ssigned to this limited liability com	panÿ is:	ē,	
L15000016663		·	74 1.63 	0CT	
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:	9/11/20		- ; - ;
4. I, PALHARES E	BACCELLI, CARLA	, hereby withdraw/resign as a	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	PH 2	1 2 E 3 2 - 4
	ume of Person Resigning)			2:01	1,
MGR			Te e		
(Print Title)				
of this limited liab resignation in wri	• •	ne limited liability company has bee	n notifie	d of r	ny
x Parlagac	ælli				
	ssociating Member or Resig	gning Manager			
	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				