16000095296

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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JUL 1 7 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Funky and Fabrillus (Name of Limited Liability Com	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Elisa Civit-Torves (Contact Person)	-
Furky 4 Famularis (Firm/Company)	-
48 20 Capital by (Address)	-
Lake Warth, FL 33463 (Chy/State and Zip Code)	-
For further information concerning this matter, please call:	
\\\\\\	632-9273 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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: Fu	nky and Fabulous, LLC
	ment/registration number assigned to this limited liability company is:
L1600000	
	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, <u>SuSunn</u> Print No	hereby withdraw/resign as a same of Person Resigning)
AM,	BR Print Title)
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
<u> </u>	ua ulaar.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)