## L16 000 206772

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(2)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Authentic Concepts LLC SUBJECT:	
(Name	of Limited Liability Company)
The enclosed member, resignation or o	dissociation and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
Jason Arena	
(Contact Person)	
(Firm/Company)	
151 SE 3rd Avenue, Apt 302	
(Address)	
Delray Beach, FL 33483	
(City/State and Zip Code	)
For further information concerning this	s matter, please call:
Jason Arena	561 901-2296 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	vable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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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)

Auth	e limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L16000206222	ument/registration number as	ssigned to this limited liability company is:
4. I,		igned or will withdraw/resign is: 12 20 201, hereby withdraw/resign as a
		ne limited liability company has been notified of my
1	vissogiating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	