

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į

Office Use Only



900109559139

09/21/07--01013--014 **25.00

OIVISION OF 21 PH 12: 59

 $J\!B$

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tiny Bubbles European Bath Sho (Name of Limited Liability Con	
The enclosed member, managing member or manager resig filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
M. Sean Kidd, Esquire	_
(Contact Person)	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Law Offices of Katz and Green	7 SU
(Firm/Company)	07 SEP 21 PH 12: 59
1 Florida Park Dr. South, Atrium Suite	PH
(Address)	
Palm Coast, FL 32137	59
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
M. Sean Kidd, Esquire at (386	446-4469
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it ap of State is: Tiny Bubbles European Bath		artmen 	t
This limited liability company was organized und Florida	er the laws of:	07 SEP 2	DIVISION OF
3. The Florida document/registration number of this L04000042996	limited liability company is:	SEP 21 PM 12: 5	RY OF STATIONS
4. I, Angela P. Fain (Print Name of Person Resigning)	, hereby resign as a member (Print Title)		ONS
of this limited liability company and affirm the limited resignation in writing. Signature of Resigning Member, Managing Member	ited liability company has been notified	of my	,
Filing Fee: \$25.00 (Required)			

\$30.00 (Optional)

Certified Copy: