

W4000048337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

\* Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

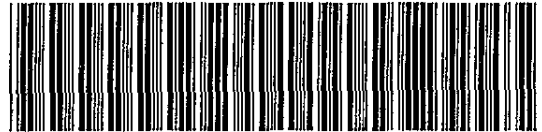
Special Instructions to Filing Officer:

9/29 MUR Res.

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STATE OF FLORIDA  
TALLAHASSEE

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LAW OFFICES  
**BARTHE & LEIGH LLP**

INTERNATIONAL BUILDING  
2455 EAST SUNRISE BOULEVARD  
SUITE 602  
FORT LAUDERDALE, FLORIDA 33304

TEL 954.523.5555  
FAX 954.523.5552

September 27, 2004

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Re: Resignation of Member, Managing Member or Manager*

To Whom It May Concern:

Please find enclosed 2 resignations of member forms included with our check # 1745 for the filing fees.

Best regards,

  
Lauren Eggleston

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Dominique Chaine, hereby resign as Manager  
(Title)

of PURE STYLE FACTORY. LLC.  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

and affirm that the limited liability company has been notified in writing of the resignation.



\_\_\_\_\_  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

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SECRET  
TALLAHASSEE FLORIDA

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