

104 000048337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

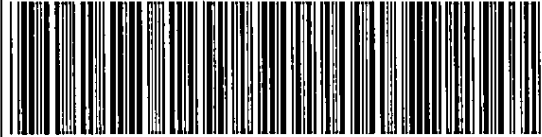
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Correction To Date PER
Conversation with
MAREO IBRAHIM 1/26/2018
KS

Date

Office Use Only



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01/25/18--01009--004 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 25 PM 1:32

K. SALY

JAN 26 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PURE STYLE FACTORY LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margo IBRAHIM
(Contact Person)

Centering 21
(Firm/Company)

1835 North University Drive
(Address)

Coral Springs, FL 33097
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (44) 588 1877
(Name of Contact Person) (Area Code & Daytime Telephone)

Enclosed please find a check made payable to the Florida Department of State for
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301**

CR2E079 (2/14)

MAILING ADDRESS

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 25 PM 1:32



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER
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
of State is: PORE STYLE FACTORY LLC

2. The Florida document/registration number assigned to this limited liability company
LO4000048337

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/24/2018

4. I, LUDWIG ROHART, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)