# 15000172406

. (Re	questor's Name)				
. (Ad	dress)				
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
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EXAMINER

#### **COVER LETTER**

	- ·
TO:	Registration Section
	Division of Corporations

SUBJECT:	Lacc	outure LLC			
	Name of Limit	ed Liability Company			
				DIN'S 35	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		7 3	
Please return all correspond	ence concerning this matter	to the following:		DINISION OF COMPONIO	
	·				
	Ivan Lacouture			ِ جَبِينَ	
		Name of Person	,	00	
	Lacouture LLC				
		Firm/Company			
	41.9	SE 9th Street, Office 1	14		
		Address			
			•		
	Dee	rfield Beach, FL 334	41		
		City/State and Zip Code			
·	ivanla	acouture@hotmail.co	om		
•	E-mail address: (to	be used for future annual repo	ort notification)		
For further information cond	cerning this matter, please ca	ill:			
	Lacouture	at ( 754 )	234-5567		
Name of Person Area Code & Daytime Telephone Number					
			, ,		
Enclosed is a check for the f	ollowing amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee Certificate of St aclosed) Certified Copy (additional copy	atus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

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



### 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 a	as it appears on the records	s of the Florida Department
of State is: La	couture LLC	· · · · · · · · · · · · · · · · · · ·	F 93
2. This limited liab	ility company was organize	ed under the laws of:	5 W 3: 08
L05000072			
4. I, Ivan Laco	uture	, hereby resign as a	Managing Member
(Print N	ame of Person Resigning)		(Print Title)
resignation in wr	bility company and affirm to	the limited liability compa	ny has been notified of my
Signature of Res	gring Momber, Managing	Member or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		