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(Da	questor's Name)	
(Re	questors ivame)	
7.		
(Add	dress)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
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FALLAHASSEE, FLORING

S. HAWKES

APR 2 6 2010

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: A Clothes Encounter,	LLC
	nited Liability Company)
The enclosed member, managing member o filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	g this matter to:
Gray Tree Service, Inc	
(Contact Person)	
Gray Tree Service, Inc	
(Firm/Company)	
PO Box 1316	
(Address)	
Arlington Heights, IL 60006	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Gray Tree Service, Inc	_{at (} 847 ₎ 392-1022
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGING

	ENG. R.
1. The name of the limited liability company as it of State is: A Clothes Encounter, LLC	t appears on the records of the Florida Departmen
2. This limited liability company was organized u Florida	under the laws of:
3. The Florida document/registration number of t L07000000143	his limited liability company is:
4. I, Gray Tree Service, Inc	, hereby resign as a MGRM (Print Title)
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signature of Resigning Member, Managing Me	ay Tree Service Inc

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:
Certified Copy: