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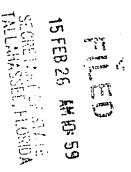
(Red	juestor's Name)			
- (Add	Iress)			
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	\mathcal{L}		
	Division of Corporations		
SUB	Casa di Bella Bridal Bout JECT:	ique LLC	······································
	(Name of	Limited Liability Co	ompany)
The e	enclosed member, resignation or diss	ociation and fee((s) are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to	:
Tom	Engler		
	(Contact Person)		_
	(Firm/Company)		_
498	Lake Victoria Circle		
	(Address)		_
Melb	oourne, FL 30940		
	(City/State and Zip Code)		<u> </u>
For fi	urther information concerning this m	atter, please call	:
Tom	Engler	321 at (544-9685
	(Name of Contact Person)		e & Daytime Telephone Number)
	osed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	sion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		s it appears on the records of the	he Florida Department
Cas of State is:	a di Bella Bridal Boutique	LLC	<u> </u>
			12- (40)
2. The Florida doct L0800005588	_	ssigned to this limited liability	company is:
		,	2-16-15
	-	signed or will withdraw/resign	is:
Susan Espos	sito	la a malha a saidh dheasa /as ai sa	
4. 1,	Jama of Parson Rasigning	, hereby withdraw/resign	i as a
MGMR	une of t erson kesigning)		
	(Print Title)		
of this limited lia resignation in wr	* * *	he limited liability company ha	as been notified of my
&	um Espas	to	
Signature of Di	issociating Member or Resig	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		