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SECRETARY OF STATE TALLAHASSEE FI OR TO

D. BRUCE

AUG 24 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Weepeeps Boutique,				
(Name of Li	imited Liability Company)			
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for	or		
Please return all correspondence concerning	ng this matter to:			
Jeffrey Wagers				
(Contact Person)				
(Firm/Company)				
PO Box 17116				
(Address)		至空	=	
Clearwater, FL 33762		/HV=1) AUG 23	
(City/State and Zip Code)		SS	2	
For further information concerning this ma	itter, please call:	E P	2	j
Jeffrey Wagers	at (813) 446-3038	PATA MATA		Ų.
(Name of Contact Person) Enclosed please find a check made payable		•		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			

CR2E079 (5/06)



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 of State is:	limited liability company as Weepeeps Boutique,	it appears on the records of	f the Florida	Departme	ent
2. This limited liab Florida	ility company was organized	under the laws of:		FALLAHA	10 AUG
3. The Florida docu L09000031	ument/registration number of	this limited liability compa	any is:	SSEE, FLOR	23 PH 1: 17
_{4. I.} Jeffrey Wa	gers	, hereby resign as a	nanager	ÃÃ.	7
(Print Name of Person Resigning)		,,8	(Print Title)		
resignation in wr	Dility company and affirm the iting, effective July 1, 2 Wages gning Member, Managing M	o (<i>0</i>	has been not	ified of n	ıy
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				