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(Requestor's Name)
(11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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APR 17 2014

C. CARROTHERS

COVER LETTER

_	ntion Section of Corporations			
SUBJECT: S	he's A Peach Holdings, L	LC		
	(Name of Limited Liability Company)			
The enclosed m	ember, resignation or dissoc	ciation and fee(s) are submitted for filing.	
Please return all	l correspondence concerning	g this matter to:		
Kevin W. Smit	th			
	(Contact Person)		_	
She's A Peacl	h Holdings, LLC			
	(Firm/Company)		_	
11201 SW 13	6th Street			
	(Address)		_	
Miami, Florida	a 33176			
	(City/State and Zip Code)		_	
For further info	rmation concerning this mat	ter, please call:		
		at (
(Nam	e of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please ■ \$25 Filing Fe	e find a check made payable ee		Department of State for: g Fee & Certified Copy	
	URIER ADDRESS:		MAILING ADDRESS:	
Registration Sec Division of Cor			Registration Section Division of Corporations	
Clifton Building	g		P.O. Box 6327	
2661 Executive			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)

	limited liability company as it appears on the records of the Florida Department's A Peach Holdings, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a large of Person Resigning)
Managing Me	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Celia	Queán
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Cerunea Copy:	\$30.00 (Optional)