#109000064535

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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| | | | | |

Office Use Only



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12 SEP 17 PH 3: 33
SHOWE LARY OF STATE
TALLAHASSEE, FLORDA

K.SALY EXAMINER SEP 18 2012

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: 5-epp 45 Fashions + Acces (Name of Limited Liability Company) |
| The enclosed member, managing member or manager resignation and fee(s) are submitted filing. |
| Please return all correspondence concerning this matter to: |
| DARLENE GARDNER |
| (Contact Person) |
| STEPPIN UP FASHIONS AND ACCESSORIES (Firm/Company) |
| 1825 TAMIAMI TRAIL, STE B5 |
| (Address) |
| PORT CHARLOTTE, FL 33948 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| DARLENE GARDNER |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sumset \frac{1}{2}\$ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED*

12 SEP 17 PM 3: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA*

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

| | limited liability company as | | |
|--|------------------------------|------------------------------|----------------------------|
| of State is: ST | EPPIN UP FASHION | S AND ACCESSO | RIES, LLC |
| | | | |
| 2. This limited liab | ility company was organized | l under the laws of: | |
| 3. The Florida docu L09000064 | iment/registration number of | f this limited liability con | npany is: |
| 4. I, IMMACULA AUGUSTE | | hereby resign as a | MGRM |
| (Print Name of Person Resigning) | | , , | (Print Title) |
| of this limited lial resignation in wr | bility company and affirm th | e limited liability compa | ny has been notified of my |
| Innac | la Augu | ust | |
| Signature of Resi | gning Member, Managing N | Member or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |