## L09000087/31

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
,					

Office Use Only



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10 JUN -7 PH 12: 01

T. HAMPTON

JUN - 8 2010

EXAMINER

## **COVER LETTER**

TO:	_	stration Section ion of Corporations	
		·	
SUBJ	ECT:	BIKA CHIK WEAR, LLC	
			d Liability Company)
The enfiling.	nclosed	I member, managing member or n	nanager resignation and fee(s) are submitted for
Please	return	all correspondence concerning th	is matter to:
HAY	DEE	FARRADAS	
		(Contact Person)	
BIKA	CHI	K WEAR, LLC	
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
2205	5 SW	140 AVENUE	
		(Address)	
MIAN	MI, F	L 33175	
		(City/State and Zip Code)	
For fu	rther ir	formation concerning this matter	please call:
HAY	DEE	FARRADAS	<sub>at (</sub> 305 <sub>)</sub> 796-2785
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to	the Flor <u>ida Department of State for:</u>
		\$25 Filing Fee	\$55 Filing Fee &
		*	Certified Copy
		DURIER ADDRESS:	MAILING ADDRESS:
		Section	Registration Section
		Corporations	Division of Corporations
Cliftor			P.O. Box 6327
		ve Center Circle	Tallahassee, Florida 32314
Lattah	assee,	Florida 32301	

CR2E079 (5/06)

December 15th, 2009

Bika Chik Wear, LLC

2205 SW 140 Ave.

Miami, FL 33175

Re: Ownership of Bika Chik Wear, LLC

To Whom It May Concern:

Please be advised that I, Eidy C Diaz, give up my 50% ownership of Bika Chik Wear LLC to Haydee Farradas immediately.



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as A CHIK WEAR,LLC	s it appears on the records	s of the Florida D	epartn	nent 
2. This limited liab	ility company was organized	d under the laws of:			
3. The Florida doct 400160445	ment/registration number o	f this limited liability con	npany is:		
<sub>4. I,</sub> EIDY C. D	IAZ	, hereby resign as a	MANAGER		
(Print N	ame of Person Resigning)		(Print Title	)	_
resignation in wr	pility company and affirm the		ny has been notif	ied of	my
Filing Fee:	\$25.00 (Required)			10 J	SECT
Certified Copy:	\$30.00 (Optional)			10 JUN -7 PH 12: (	RETARY OF STA

CR2E079 (5/06)