

L10000055481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

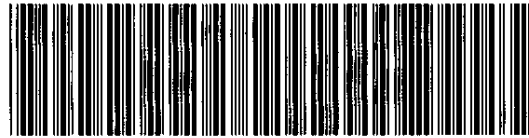
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Vixens, LLC.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed ~~Registered Agent/Registered Office Change~~ **RESIGNATION OF MEMBER** and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bri-Ann Wright

Name of Person

Miami Vixens, LLC.

Firm/Company

3389 Sheridan Street #141

Address

Hollywood, FL 33021

City/State and Zip Code

MiamiVixensFootball@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bri-Ann Wright

Name of Person

at ( 305 )

764-4889

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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 limited liability company as it appears on the records of the Florida Department of State is: Miami Vixens, LLC.

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L10000055481

4. I, Siobhan Abrams, hereby resign as a Partner/MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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