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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



J. BRYAN

AUG 1 8 2010

**EXAMINER** 



Division of Corp

August 10, 2010

MAIGUALIDA GONZALEZ 12538 OAK RUN CT BOYNTON BEACH, FL 33436

SUBJECT: LOVETTITUDE LLC Ref. Number: L10000066215

We have received your document for LOVETTITUDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 810A00019142

## **COVER LETTER**

Division of Corporations	
SUBJECT: Lovettitude, LLC. (Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concernir	ng this matter to:
Maigualida Martin	TALE SEC
(Contact Person)	LAN AGE
Lovettitude LLC	G 17 M 11: 19 AMASSEE, FLORID
(Firm/Company)	To B
12538 Oak Run ct	AUG 17 M 11: 19 LAHASSEE, FLORIDI
(Address)	<b>P</b>
Boynton beach,FL 33436	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Maigualida	at 561 945-7765
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	e to the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314

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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 lir of State is: Love	nited liability company as it ap	pears on the records	of the Florida De	partment
2. This limited liabilit	y company was organized und	er the laws of:	SECRO ANASS	10 NG 17 N
3. The Florida docum	ent/registration number of this	limited liability com	pany is: FLORUA	STATE STATE
4. I. Maigualida	Martin	, hereby resign as a _	Manager	
(Print Nam	e of Person Resigning)		(Print Title)	
resignation in writing	ity company and affirm the liming.  Managing Member, Managing Memb		y has been notifie	ed of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			