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(Reque	estor's Name)				
(Addre	ss)				
(Addre	ss)				
(City/S	tate/Zip/Phon	e #)			
PłCK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

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TALL ///488EE/FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Lightness Fashion Services LLC					
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
LENORMAND JEAN LOUIS					
(Firm/Company)					
601 W OAKLAND PARK BLVD					
Sizito 18 OAKLAND, FL 33311 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (954) 257-3033 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sim \frac{1}{2}\$\$ \$25 Filing Fee \$\sum \text{Certified Copy}\$					
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations					

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 MAY -5 PM 2: 24

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)

1. The name of the	limited liability compa	ny as it app	pears on the records of the Flor	rida Department
of State is: Ligh	tness Fashion Servic	es LLC		
	nment/registration num O / EIN 274622245	ber assigne	ed to this limited liability comp	any is:
3. The date this me	mber/manager withdre	w/resigned	or will withdraw/resign is: 4/	15/2015
4. I,	ra "	in the second	hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		, 	
Manager & S	ecretary			
<u>.</u>	(Print Title)	 ·		
of this limited lia resignation in wr		rm the limi	ited liability company has been	notified of my
Signature of Di	ssociating Member or I	Resigning I	Manager	
Filing Fee:	\$25.00 (Required)		•	
Certified Copy:	\$30.00 (Optional)			