# 111000081672

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2011 JAN 12 A II: 35
SECRETARY OF STATE

D. BRUCE UAN 13 2017

#### **COVER LETTER**

SUBJECT: FASHIONISTA PALM BEACH LLC		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for fili	ng.	
Please return all correspondence concerning this matter to:		
Monique Javarone (Contact Person)		
Fashionista Paus Berett (Firm/Company)		
298 S. County Rd (Address)	2017 JA SLOSE TALLAH	~~~
Polm Beach H. 33480 (City/State and Zip Code)	2017 JAN 12 A II: 35 SLOSETARY OF STATE TALLAHASSEE, FLORIDA	
For further information concerning this matter, please call:	III: 35 DRIDA	ر
Moni Que Javarone at (561) 568-1613  (Name of Contact Person) (Area Code & Daytime Telephone I	<del></del>	
Enclosed please find a check made payable to the Florida Department of State for	••	

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

TO: Registration Section

**Division of Corporations** 

**MAILING ADDRESS:** 

\$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

□ \$25 Filing Fee



### 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 compact of the Back of Back of Back of the Back
1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Fashionista Palm Beach LLC
2. The Florida document/registration number assigned to this limited liability company is:
L110000 81672
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8 23 16
4. I, Anthony B. Javarone, hereby withdraw/resign as a (Print Name of Person Resigning)
Mgr/member and Registered Agent (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)