## L110000091672

(R	equestor's Name)			
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(C	city/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
<u>(</u> B	Business Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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## **COVER LETTER**

Division of Corporations Fashionista Palm Beach LLC SUBJECT: (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: Monique Javarone (Contact Person) Fashionista Palm Beach LLC (Firm/Company) 1500 Oak Dr (Address) Lake Clarke Shores, FL 33406 (City/State and Zip Code) For further information concerning this matter, please call: Monique Javarone (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee **\$55** Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section





## 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)

of State is:	ionista Palm Beach LLC		·
2. The Florida doc L11000081672	ument/registration number as	signed to this limited liability	company is:
Sathony D. Luye	ember/manager withdrew/resi		
4. 1. (Print Name of Person Resigning) authorized member		nereoy withdrawitesign	2021 APR 27
Tony	Soul		PR 27 of my St. 26
Signature ©f D Filing Fee: Certified Copy:	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	