112000030979

/ D-				
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(50	isiness Littly Hair	ie)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				
I				
i				

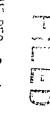
Office Use Only



600279409846

12/03/15--01004--010 **25.00

2015 DEC -3 A II: O)



DEC 0 4 2015

3 MASON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE PROUPTRUTH LL (Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
LEWIS KRONGOLD (Contact Person)	_
(Firm/Company)	_
1401 S, OCEAN BLUD #1409 (Address)	_
(Address)	
BOCA RATON, FLORIDA 33432 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
ROBERT STREIT at (561 (Name of Contact Person) (Area Code	361-1600
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Ençlosed please find a check made payable to the Florida I	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	limited liability company as	• •	rds of the Florida Department
	ment/registration number as	ssigned to this limited	liability company is:
L1200003	04774	.	
3. The date this mer	mber/manager withdrew/res	igned or will withdraw	//resign is: 12/1/15
4.1, LEWISK		, hereby withdray	
MGRN	Print Title)		
of this limited liab		e limited liability com	pany has been notified of my
Luis	Kronfold		
Signature of Dis	ssociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		N2 CE
Certified Copy:	\$30.00 (Optional)		

CR2E079 (2/14)