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TALLAHASSEE, FLORIDA

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SURJECT: Sole Boutique

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

# (Contact Person) (Firm/Company)

#### 4450 PORTOFINO WAY - SUITE 304

(Address)

#### WEST PALM BEACH, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Woozencroft

954 \ 599-042

(Name of Contact Person)

(Area Code & Daytime Telephone Number

Enclosed please find a check made payable to the Florida Department of State for: \$\frac{1}{2}\$\$ \$25 Filing Fee \$\times 55 Filing Fee &

Certified Copy

#### STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as in Boutique, LLC.	t appears on the records of the	Florida Department
2. This limited liabi State of Flori	lity company was organized (ida	under the laws of:	
3. The Florida docu L120000479	_	this limited liability company	is:
4. I, Lisa Woozencroft		, hereby resign as a MGF	RM
(Print Name of Person Resigning)			(Print Title)
resignation in wri		<del></del>	3 AUG 14 AM
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		110:25 STATE FLORIDA