L12000052762

(Re	equestor's Name)	<u></u>		
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT:FLORA B	OUTIQUE LLO			
	(Name of Lin	nited Liability Con	npany)		
The e	inclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to:			
	Rosa E. Leon				
	(Contact Person)		=		
	(Firm/Company)		-		
	16132 NW 14th Court				
	(Address)		-		
	Pembroke Pines, Fl 33028	3			
	(City/State and Zip Code)		-		
For further information concerning this matter, please call:					
	Rosa E. Leon	954 at (436-0936		
	(Name of Contact Person)		& Daytime Telephone Number)		
	osed please find a check made payable of Filing Fee		repartment of State for: Fee & Certified Copy		
Regis	EET/COURIER ADDRESS: tration Section		MAILING ADDRESS: Registration Section		
	ion of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
	hassee, Florida 32301		rananassee, monua 32314		

CR2E079 (2/14)



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	of the limited liability company as i	t appears on the records of the l	Florida Department
of State is:	Flora Boutique LLC		
2. The Florida L120000	la document/registration number ass	igned to this limited liability co	ompany is:
3. The date th	his member/manager withdrew/resig	gned or will withdraw/resign is:	09/01/2014
4. 1,	Padron Lafebre Print Name of Person Resigning)	, nereby withdraw/resign as	, u
	MGR		
	(Print Title)		
	ted liability company and affirm the in writing.	limited liability company has b	peen notified of my
Signature	of Dissociating Member or Resign	ing Manager	
0 \			