L12000082542

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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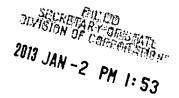
C. LEWIS
JAN 4 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BEADS BY YOU, LLC	<u>C</u>
(Name of Limite	d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
GALA A. TRESSLER (Contact Person)	
(Contact Person)	
EEADS BY YOU, LLC (Firm/Company)	
495 BRICKELL AVENUE # (Address)	<u>521</u>
MIAMI, FL 33131 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
GALA A. TRESSLER	at (<u>617</u>) <u>335 - 4666.</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 i BEADS BY YOU, LLC	- •	of the Florida Department
	oility company was organized	under the laws of:	
L12	ument/registration number of 0000 82542		
4. I, ANNA I	MORENO - NAVA Jame of Person Resigning)	, hereby resign as a _	MANAGER (Print Title)
•	bility company and affirm the		
Signature of Res	igning Member, Managing Me	ember or Manager	
	\$25.00 (Required) \$30.00 (Optional)		