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#### **COVER LETTER**

TO: Registration Section			
Division of Corporations			
SUBJECT: FAShion Climhxx CLC (Name of Limited Liability Company)			
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to:		
ALDO MORACES			
(Contact Person)			
ALPO MORALTS (Contact Person)  FAShion elimaxx			
(Firm/Company)	<del></del>		
20175 5W157th Are			
(Address)			
MI AMI, Fit 33187 (City/State and Zip Code)	·		
For further information concerning this matter			
ALDO MERACES	at (305) 282 1441		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sigma\$ \$\\$ \$25\$ Filing Fee & Certified Copy			

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:** 

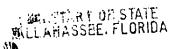
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### FILED 2014 HAY 12 PH 12: 39



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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it A Shion Climaxx	appears on the records of the Florida Department $LLC$
2. The Florida docu	ment/registration number assi	gned to this limited liability company is:
$\frac{L/2000}{2}$ 3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:
4. I, MIRIAM (Print N	MORMLES  (ame of Person Resigning)	, hereby withdraw/resign as a
,	(Print Title)	
of this limited lial resignation in wri	bility company and affirm the liting.	limited liability company has been notified of my
Al	doll.	
Signature of Di	ssociating Member or Resigni	ng Manager
•	\$25.00 (Required) \$30.00 (Optional)	