

L120000097227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 MAY 12 PM 12:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DR  
5/27/14

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FASHion CLimaxx LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

ALDO MORALES

(Contact Person)

FASHion CLIMAXX

(Firm/Company)

20175 SW 157th Ave

(Address)

MIAMI, FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

ALDO MORALES

(Name of Contact Person)

at (305) 282 1441

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

2014 MAY 12 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FASHION CLIMAXX LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000097227

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/13

4. I, MIRIAM MORALES, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)