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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(,,,				
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C. LEWIS

AUG 2 8 2012

EXAMINER

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: South M (Name of	Countain Girls Soaps "L.L.C." Limited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Ernestine S	2164
(Contact Person)	Sirls Soupi"L.L.C"
(Firm/Company)	
175 Sycamore	Sunshine LN.
NSB, Pl. 3	2168.
For further information concerning this n	natter, please call:
Emstine	at (386) 566-10179
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	ble to the Florida Department of State for: \$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	imited liability company as it a	oppears on the record	s of the Florida Department Soups (L, L,C,)
2. This limited liabil	lity company was organized un	der the laws of:	
3. The Florida docum	ment/registration number of the	is limited liability con	mpany is:
4. l,	Selby me of Person Resigning)	_, hereby resign as a	(Print Title)
of this limited liab resignation in writ	ility company and affirm the li ing.	mited liability compa	any has been notified of my
Signature of Resig	ning Member, Managing Men	nber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		