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JUN 1 6 2020

S. YOUNG

COVER LETTER

Division of Corporations
SUBJECT: DESIGNER DIVAS RESALE BOUTIONE (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:
ERIN MALONEY (Contact Person)
DESIGNER DIVAS RESALE BOUTIONE (Firm/Company)
2371 VANDERBILT BEH Rd. JNIT#706 (Address)
NAPLES, FL 34109 (City/State and Zip Code)
For further information concerning this matter, please call:
EKIN MALONEY at (239) 692-2339 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$\overline{\sumsymbol{Z}}\$ \$25 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section



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 the	limited liability company as it	appears on the records	of the Florida Department
of State is: D F	ESIGNER DIVAS RE	SALE BOUTION	£
2. The Florida docu	ment/registration number assig	gned to this limited liab	ility company is:
L1300010)333 1	 ·	
3. The date this mer	mber/manager withdrew/resign	ed or will withdraw/res	sign is: <u>04/21/202</u> 0
4.1. Nance Ii	Min GAO ame of Person Resigning)	, hereby withdraw/res	sign as a
	Print Title)		
of this limited liab resignation in wri	oility company and affirm the li ting ava Uualano	mited liability compan	y has been notified of my
Signature of Dis	ssociating Member or Resignin	g Manager	2020
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2020 HAY 28 AM 6: