L12000 116691

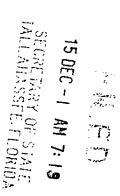
(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nar	me)		
(D	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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DEC 0 2 2015 J SHIVERS

COVER LETTER

	egistration Section ivision of Corporations		
SUBJEC	SOBEAUTIFUL LIFESTYLE	LLC	
	(Name of Limi	ited Liability Com	pany)
The enclo	osed member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please re	turn all correspondence concerning t	this matter to:	
KOLKA	, JAMES H		
	(Contact Person)		•
SOBEA	UTIFUL LIFESTYLE LLC		
	(Firm/Company)		•
540 AR	THUR GODFREY RD		
	(Address)		•
MIAMI E	BEACH, FL 33140		
	(City/State and Zip Code)		•
For furth	er information concerning this matte	er, please call:	
JAMEY	KOLKA	407 at (4044009
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed \$25 F	l please find a check made payable to iling Fee	o the Florida D □ \$55 Filing	epartment of State for: Fee & Certified Copy
Registrat Division Clifton E 2661 Exe	F/COURIER ADDRESS: ion Section of Corporations Building ecutive Center Circle see. 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

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 i	t appears on the records of the Florida Departmen	ıt
of State is: SOE	BEAUTIFUL LIFESTYLE LL	.C	•
2. The Florida docu	ument/registration number ass	signed to this limited liability company is:	
L1200011669	1		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is: 1123/15	
4. I, BROWN, CH	IRISTOPHER J	, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)	DEC AHA	
MGRM		ASS.	برديد
	(Print Title)	říce 📮	, S.E.
of this limited lial	bility company and affirm the	limited liability company has been notified of my	/ Sener
resignation in w/	íting.		ي. فايونور،
Signature of Di	sociating Member or Resigni	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		