

L12000125957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256389777

02/18/14--01045--027 **25.00

14 FEB 18 4:11:15
FEB 18 2014
FEB 18 2014

J. Stevens FEB 1.9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LA BOUTIQUE 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:

David B. Pleat, Esq.

(Contact Person)

Pleat, Perry & Ritchie, P.A.

(Firm/Company)

4477 Legendary Drive #202

(Address)

Destin, FL 32541

(City/State and Zip Code)

For further information concerning this matter, please call:

David B. Pleat

(Name of Contact Person)

at (850) 650-0599

(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

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


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

2. The Florida document/registration number of this limited liability company is:
L12000125987

3. The date this member withdrew or will withdraw is: February 14, 2014.

4. I, TERESA M. FARRAR, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

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

x 
Signature of Resigning or Dissociating Manager, Member

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

14 FEB 18 AM 11:15
TELLAHASSEE FL 32304
STATE OF FLORIDA
DIVISION OF CORPORATIONS