# L13000017892

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

Barbara Greene

### SUBJECT: An Event to Remember by Cool Chicks, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

(Contact Person)		
(Firm/Company)		
10760 S. Kendale Blvd.		
(Address)		
Miami, FL 33176		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Barbara Greene	<sub>at (</sub> 305	215-3285
(Name of Contact Person)		Daytime Telephone Number)

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

#### STREET/COURIER ADDRESS:

■ \$25 Filing Fee

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

#### **MAILING ADDRESS:**

Certified Copy

□ \$55 Filing Fee &

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as Event to Remember by	it appears on the records of the Florida Department Cool Chicks, LLC
2. This limited lia	bility company was organized	under the laws of:
3. The Florida doo L13000007		this limited liability company is:
<sub>4. I,</sub> Barbara G		, hereby resign as a Manager
(Print)	Name of Person Resigning)	(Print Title)
of this limited lia resignation in w		e limited liability company has been notified of my
Signature of Res	igning Member, Managing M	fember or Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	