## L/3000087076

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Flaunt Course Retail (Name of Limited Liability)	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Amy Morrisun (Contact Person)	
(Firm/Company)	
901 Dakwood Cv. (Address)	
Altamonti Springs, FL 32714 (City/State and Zip Code)	2015 AUG -3 F SECRETARY DI ALLAHASSEE.
For further information concerning this matter, please ca	all: For w
Amy Murrisun at (407 (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	a Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee Florida 32314

Tallahassee, Florida 32301

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 compar	ny as it appears on the re	cords of the Florida Department
of State is:	launt Petail	LLC	
2. The Florida docu	ument/registration numb	ber assigned to this limite	ed liability company is:
L1300	0087076	·	
3. The date this me	mber/manager withdrev	v/resigned or will withdr	aw/resign is: 7/25/15
4. I, Amu		, hereby withday	·
Mb	RM (Print Title)		
of this limited lial resignation in wr		m the limited liability co	ompany has been notified of my
The state of the s			2015 AUG - SECRETAI
Signature of Di	ssociating Member or R	Resigning Manager	SUSSI I
~	\$25.00 (Required) \$30.00 (Optional)		P 3: 23 OF STATE E. FI. ORIDA