L13000091765

(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MY SECRET CLOSET BOUTIQUE 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:

Judith Viera (Contact Person) MY SECRET CLOSET BOUTIQ (Firm/Company) 18900 SW 127 Ave (Address) Miami, FI 33177 (City/State and Zip Code)

For further information concerning this matter, please call:

Judith Viera	_{at} 786 229-9377
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal	ole 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

CR2E079 (5/06)



FILED: 2013 JUL 15 AM ID: 55

SECRETARY OF STATE

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a ECRET CLOSET BOU		of the Florida Department
2. This limited liabilit Florida	y company was organized un	der the laws of: 	•
3. The Florida docum <u>L1300009176</u>	ent/registration number of thi 5	s limited liability com 	npany is:
_{4. I.} Maria L. Mendez		_, hereby resign as a	MGR
(Print Name of Person Resigning)			(Print Title)
of this limited liabilities	ty company and affirm the li	mited liability compar	ny has been notified of my
	P		
Signature of Resign	ing Member, Managing Men	ber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		

CR2E079 (5/06)