

L13000114101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

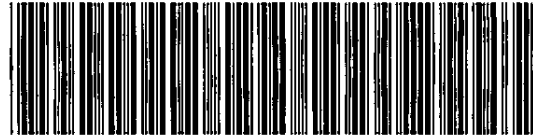
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100263483411

08/25/14--01050--021 \*\*55.00

FILED  
14 AUG 25 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Think Higher Clothing  
(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:

Kory Kelly  
(Contact Person)

Think Higher Clothing  
(Firm/Company)

1750 N Bayshore Dr. APT 2005  
(Address)

Miami, FL 33132  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kory Kelly at (502) 542-1701  
(Name of Contact Person) (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

**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

**FILED**  
14 AUG 25 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 AUG 25 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 it appears on the records of the Florida Department of State is: Think Higher Clothing LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L13000114101

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/21/2014

4. I, Robert M Garland, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM  
(Print Title)

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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