

L13000120373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

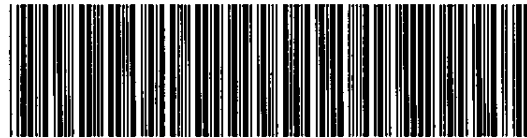
(Business Entity Name)

(Document Number)

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

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07/16/14--01002--004 \*\*20.00

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FILED  
14 JUL 16 AM 10:24  
FALLS CHURCH, VA  
CLERK OF SUPERIOR COURT

JUL 16 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2014

LUISA VESGA  
BABY SENSORY PLACE  
16841 SW 49 CT.  
MIRAMAR, FL 33027

SUBJECT: NATURAL BABY STORE, LLC  
Ref. Number: L13000120373

We have received your document for NATURAL BABY STORE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 114A00013440

RECEIVED  
14 JUL 11 PM 12:05  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NATURAL BABY STORE, 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:

LUISA VESGA  
(Contact Person)

BABY SENSORY PLACE  
(Firm/Company)

16841 SW 49 CT.  
(Address)

MIRAMAR FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

LUISA VESGA at (954) 548 - 5531  
(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 Copy

*\$20 - check (\$35 check sent already)  
Need 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

**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: NATURAL BABY STORE, LLC

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

L13000120373

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/13

4. I, Baby Sensory Place, Inc., hereby withdraw/resign as a  
(Print Name of Person Resigning)

Mgr.  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

FILED  
14 JUL 16 AM 10:25  
TALLAHASSEE, FLORIDA