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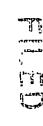
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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2021 AUG 27 PM 2: 30



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COVER LETTER

TO: Registration Section Division of Corporations	_
SUBJECT: Red Carpet Male (Name of Limited Lie	Escort Services LLC ability Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
AllVIA GIANDUIHI (Contact Person)	2021 AUG 27 SECF: 121
(Firm/Company)	U6 2
3105 Inglewood St. (Address)	2 III
City/State and Zip Code)	3 0
For further information concerning this matter, ple	ase call:
Alisia Grangutti at (561) 2132081 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 th	e Florida Department
of State is:	ed Carpet Male E	scort Services	LLC.
2. The Florida doc	ument/registration number assi	gned to this limited liability	company is:
L13000	0158615	·	
	ember/manager withdrew/resig		
4. 1, A	Came of Person Kesigning)	, hereby withdraw/resign	as a
	od Agent + MGRM (Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company has	s been notified of my
All	ii Llangutt		
	ssociating Member or Resigni	ng Manager	
_	\$25.00 (Required) \$30.00 (Optional)		2021 AUG 27 SECRE 115
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