

L13000 172237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

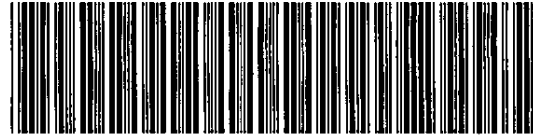
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

G/K  
9/19/14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DangChics LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

*No longer will be associated w/ this company.*  
Please return all correspondence concerning this matter to:

Kim Ruesche  
(Contact Person)

Ruesche Interiors  
(Firm/Company)

5704 Eaglepoint Pl.  
(Address)

Lithia, FL 33547  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Ruesche at (813) 767-9827  
(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

**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: Dang Chics LLC

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

L13000172237

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/1/14

4. I, Kim Ruesche, hereby withdraw/resign as a

(Print Name of Person Resigning)

Kimberly Ruesche

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. yo via email Aug. 6th 2014

Kimberly Ruesche  
Signature of Dissociating Member or Resigning Manager

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

FILED  
14 SEP - 8 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA