

(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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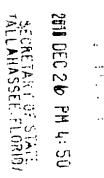
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COVER LETTER

TO:	Registration Section		Fig
	Division of Corporations		文章 アア
SUBJ	Billie Blooms LLC JECT:		٠٠٠ المراجعة الماعة المراجعة المراجعة الماع المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجع المراجع المراجعة المراجعة المراجعة المراجعة المراجعة المراعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجع المراجع المراجع المراجع المراجع المورعة المورع المورع الم
	(Name of Li	mited Liability Con	npany)
The en	nclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Ashle	ey Liemer		
	(Contact Person)		-
Billie	Blooms LLC		
	(Firm/Company)		-
210 V	Water Way		
	(Address)		-
Miam	ni Beach, FL 33141		
	(City/State and Zip Code)		-
For fu	orther information concerning this mat	ter, please call:	
Ashle	ey Liemer	917	291-0155
	(Name of Contact Person)	at ((Area Code	& Daytime Telephone Number)
	sed please find a check made payable	to the Florida D	epartment of State for:
□ \$25	5 Filing Fee	■ \$55 Filing	Fee & Certified Copy
STRE	CET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	on of Corporations		Division of Corporations
	n Building		P.O. Box 6327
2001 b	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee. Florida 32301



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)

ВІ	ne limited liability company a	as it appears on the records of the	Florida Department
2. The Florida do L140000289	•	assigned to this limited liability co	ompany is:
LIBI MOLN	IAR .	esigned or will withdraw/resign is:, hereby withdraw/resign as	
AMBR	Name of Person Resigning) (Print Title)		
resignation in v	iability company and affirm t	the limited liability company has b	been notified of my
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)