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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Heel N Soles, LLC		
(Name of Limit	ed Liability Com	pany)
The enclosed member, resignation or dissocia	tion and fee(s)	are submitted for filing.
Please return all correspondence concerning to	his matter to:	
Jaime M. Franco		
(Contact Person)		
Heel N Soles, LLC		
(Firm/Company)		
12951 SW 21st Street		
(Address)		
Miramar, FL 33027		
(City/State and Zip Code)		•
For further information concerning this matte	r, please call:	
Jaime M. Franco	305 at (934-7634
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		rananassee, fiorida 32314

CR2E079 (2/14)





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 of State is:	limited liability company as it appears on the records of the Florida Departmen N Soles, LLC
2. The Florida doc L1400003230	ment/registration number assigned to this limited liability company is:
3. The date this mo	mber/manager withdrew/resigned or will withdraw/resign is:
	Amburgey, hereby withdraw/resign as a
(Print 1	ame of Person Resigning)
Authorized P	erson (AP)
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Cra	ssociating Member or Resigning Manager
Signature of D	ssociating Member or Resigning Manager
Filing Fee	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)