L140000040912

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
<u>:</u>		

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SECRETARY OF STATE
TALL STATES OF STATE

1/ REP 28 PH 3: 56

LLC Member Resign

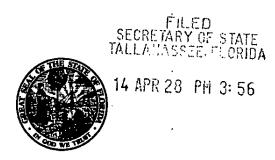
MAY 13 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Miss Claire La (Name of Limite	
The enclosed member, resignation or dissociar	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Gontact Person)	
Suiss Claire LLC (Firm/Company)	
9004 Gladin Ct (Address)	
Orlando FL 32819 (City/State and Zip Code)	<u></u>
For further information concerning this matter	r, please call:
Jor Sergelv (Name of Contact Person)	at (407) 704 9625 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Miss Claire LaC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
21400	00 40 91 2
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{5/1/20/4}{}$
4. I, Galina	Bus Konovalova, hereby withdraw/resign as a fame of Person Resigning)
Suthoris	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Landel	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)