# L14DDD059340

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone#	)
PICK-UP	WAIT	MAIL
(В	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Tru Becute LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Uchenna Aning D (Contact Person)		
(Firm/Company)		
1560 Central Ave Apt #301		
1560 (entral Ave Apt #301 (Address)  St Petersburg, FL 33705  (City/State and Scip Code)		
For further information concerning this matter, please call:		
Uchenna Aningo at 312 498-1485 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(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 \$25 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

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 limited liability company as it appears on the records of the Florida Department
of State is: Tru Beaute LLC
2. The Florida document/registration number assigned to this limited liability company is:
<u>LI 4000059340</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Prof. 30th, 2014
4. I, Uchenna Aningo, hereby withdraw/resign as a (Print Name of Person Resigning)
Managing Member.
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)