

L14000087209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

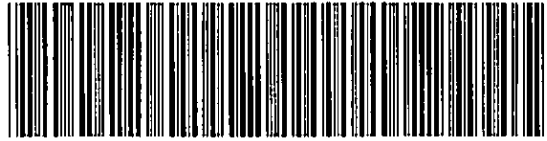
(Document Number)

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R. WHITE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020/04/13 - 7:09:06

April 13, 2020

SHAWN SAUNDERS
P.O. BOX 1096
LOCUST GROVE, GA 30248

SUBJECT: GIRL TIME EXPERIENCE, LLC
Ref. Number: L14000087209

We have received your document for GIRL TIME EXPERIENCE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 020A00007814

See Enclosed

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GIRL TIME EXPERIENCE, LLC
(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:

SHAWN SAUNDERS
(Contact Person)

—
(Firm/Company)

P.O. Box 1096
(Address)

LOCUST GROVE, GA 30248
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN SAUNDERS at (305) 445-3726
(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

(Payment previously submitted)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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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: GIRL TIME EXPERIENCE, LLC

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

L14000087209

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

4. I, SHAWN SAUNDERS, hereby withdraw/resign as a
(Print Name of Person Resigning)

ASST. VICE-PRESIDENT (AVP)
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Shan Anderson

Signature of Dissociating Member or Resigning Manager

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

> Previously Submitted.