## L14000096773

| (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: |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



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07/02/14--01003--004 \*\*25.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

C. LEVVIS

JUL 1 8 2014

EXAMINER

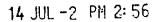
## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations  |                                     |                 |   |  |
|---|-------------------------------------|-----------------|---|--|
| SUBJECT:  | vida Bohemian Apparel, LLC.         |                 |   |  |
| SCHOLET.  | (Name of Limited Liability Company) |                 |   |  |
| The enclosed  | member, resignation or dissocia     | ation and fee(s | ) are submitted for filing.                   |  |
| Please return   | all correspondence concerning t     | his matter to:  |   |  |
| Leivy Paz (   | Garcia                              |                 |   |  |
|   | (Contact Person)                    |                 | -   |  |
| vida Bohen  | nian Apparel, LLC.                  |                 |   |  |
|   | (Firm/Company)                      |                 | -   |  |
| 777 NW 72   | Avenue, 2nd Floor, F #2100          |                 |   |  |
|   | (Address)                           |                 | -   |  |
| Miami, Flor   | ida, 33126                          |                 |   |  |
|   | (City/State and Zip Code)           |                 | -   |  |
| For further in  | formation concerning this matte     | r, please call: |   |  |
| Leivy Paz (   | Sarcia Sarcia                       | 786             | 333-5652                                      |  |
| (N  | ame of Contact Person)              | (Area Code      | & Daytime Telephone Number)                   |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee} \sum \\$55 \text{ Filing Fee & Certified Copy}\$ |                                     |                 |   |  |
|   | OURIER ADDRESS:                     |                 | MAILING ADDRESS:                              |  |
| Registration Division of C  |                                     |                 | Registration Section Division of Corporations |  |
| Clifton Build   | ing                                 |                 | P.O. Box 6327                                 |  |
| 2661 Executive Center Circle Tallahassee, Florida 32301   |                                     |                 | Tallahassee, Florida 32314                    |  |







## 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)

|   | limited liability company as it appears on the records of the Florida Department Bohemian Apparel, LLC. |
|---|---|
| 2. The Florida doc<br>L1400009677       | ument/registration number assigned to this limited liability company is:                                |
| Maria S. Pa:                            | ember/manager withdrew/resigned or will withdraw/resign is:   |
| (Print ) Authorized M                   | lember  |
| of this limited lia<br>resignation in w |   |
| Signature of D                          | issociating Member or Resigning Manager   |
| Filing Fee:<br>Certified Copy:          | \$25.00 (Required)<br>\$30.00 (Optional)  |