

L14000109299

Division of Corporations Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000072956 3)))



H150000729563ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX PLACE
Account Number : 120100000011
Phone : (954) 369-4444
Fax Number : (954) 369-4446

FILED
2015 MAR 23 AM 10:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAB FIT KITCHEN LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

15 MAR 23 14:00:00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature and date: 3/24/15

FILED

2015 MAR 23 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: FAB FIT KITCHEN LLC
2. The Florida document/registration number assigned to this limited liability company is: L14000108289
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/24/14
4. I FABIOLA D DA SILVA hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER - MEMBER
(Print Title)

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

* [Signature]
Signature of Dissociating Member or Resigning Manager