

L14000/13019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

Danceluv

(Business Entity Name)

(Document Number)

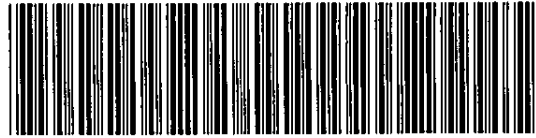
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

No Money
Rec 8/24/15
np

Office Use Only



800273344918

L14000/13019

Rec./Pass of Mem

09/22/15--01001--005 **25.00

FILED
15 OCT -5 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -5 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Danceluv 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:

Caridad Kawasaki
(Contact Person)

Danceluv LLC
(Firm/Company)

12090 S.W. 116 St.
(Address)

Miami FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Doris Southern at (786) 302-1942
(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

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

August 20, 2015

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Danceluv LLC – 4150 SW 70th Ct. Miami, FL 33155

Document Number - L14000113019

Dear Sir or Madam,

I am writing this letter because I am requesting to be removed as an AMBR of the company Danceluv, LLC., and that I am returning the 5% share/business interest gifted to me so graciously by Mr. Lloyd Chung, the main shareholder, to be effective immediately.

Sincerely,



Caridad Kawasaki

12090 SW 116 Street

Miami, FL 33186

Sworn to and subscribed before me this

19 day of August, 2015


Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary Public

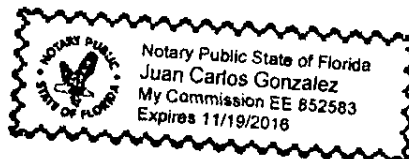
☐ Personally known to me, or

☒ Produced Identification:

K220-103-50-828-0

Type of Identification

Ex: 09-08-18



Cc: Lloyd Chung - 10300 NW 5th Terrace Miami FL 33173-4019

Dale Shaffer 4789 Volunteer Rd., Ste. 101 Davie, FL 33330



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2015

CARIDAD KAWASAKI
12090 SW 116 STREET
MIAMI, FL 33186

SUBJECT: DANCELUV LLC
Ref. Number: L14000113019

We have received your document for DANCELUV LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 615A00017841



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2015

CARIDAD KAWASAKI
12090 SW 116 STREET
MIAMI, FL 33186

SUBJECT: DANCELUV LLC
Ref. Number: L14000113019

*Money sent
to fiscal
9/21/15*

We have received your document for DANCELUV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are listed as a "AMBR" not as a "SHAREHOLDER." SEE ATTACHED.

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 215A00019225



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
15 OCT -5 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Dance 1uv LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000113019

3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUG. 20, 2015

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

Shareholder (AMBR)
(Print Title)

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

C. Kawasaki

Signature of Dissociating Member or Resigning Manager

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