114000 121209

(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



300334305283

09/16/19--01023--021 **25.00

2019 SEP 16 AM 8: 38

Y SULKER SEP 2 7 2019

COVER LETTER

TO: Registration Section Division of Corporations	
	Photos LLC
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
1tzel Alvarez (Contact Person)	
(Contact Person)	
LOL Photos LLC (Firm/Company)	
(Firm/Company)	,
2826 Apalachee K	20
(Address)	
WPB, FL 33406 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Itzel Alvarez	at (561) 543 7429 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to MS25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	mited liability company as it appears on the records of the Florida Department LOL Photos LLC	
of State is:	202 1110103 2-	
2. The Florida docum	nent/registration number assigned to this limited liability company is:	
<u>1140</u>	00121209	
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 23/24/29	~;
4. I. Lou S. (Print Nam	Ata Barbara, hereby withdraw/resign as a Resigning)	<u> </u>
Mar	rini litle)	
of this limited liabi	lity company and affirm the limited liability company has been notified of money.	
-		
Signature of Diss	ociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	, .	