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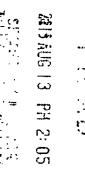
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Bespokekit, LCC (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
MICHAEL BURK (Contact Person)	_
(Contact Person)	_
Bespokekit, LCC (Firm/Company)	
(Firm/Company)	_
8374 Man Ket 61. #212 (Address)	_
(Address)	-
Bradendon, FL 34262 (City/State and Zip Code)	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
MICHARL Buret at (941	704-6257
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee  \$55 Filing	Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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)

1. The name of the limited liability company as it appears on the records of the Flo	rida Department
of State is: Bespoke Kit, LLC	·
2. The Florida document/registration number assigned to this limited liability comp	pany is:
L140000150068	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	JULY 30,2019
4. I, John Name of Person Resigning), hereby withdraw/resign as a	
Assitant Manager	1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S
(Print Title)	SF AUG
of this limited liability company and affirm the limited liability company has beer resignation in writing.	n notified of my
1 A Pol	2: 05
Signature of Dissociating Member or Resigning Manager	<u></u>
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	