

L15000090200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

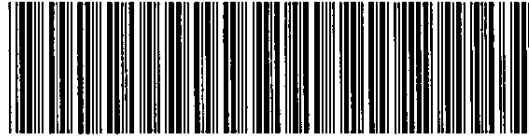
(Business Entity Name)

(Document Number)

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06/26/15--01004--017

2015 JUN 26 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Culligan JUN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOOM FASHION, 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:

JUAN A FIGUEROA
(Contact Person)

JUAN A FIGUEROA PA CPA
(Firm/Company)

1428 BRICKELL AVENUE, SUITE 206
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN A FIGUEROA at 305 448-5844
(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



FILED
2015 JUN 26 PM 12:00
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: VOOM FASHION, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000090200

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/19/2015

4. I, JUAN A FIGUEROA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR

(Print Title)

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

X

Signature of Dissociating Member or Resigning Manager

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