

L15000140097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Guerrero Clothing 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:

Alexandra Wells  
\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

6039 Collins Ave, apt 1136  
\_\_\_\_\_  
(Address)

Miami Beach, FL 33140  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexandra Wells at ( 414 ) 2480829  
\_\_\_\_\_  
(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



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: Guerrero Clothing LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000140097

3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 6, 2016

4. I, Alexandra Wells, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR and as a Registered Agent  
*(Print Title)*

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

*Alexandra Wells*

Signature of Dissociating Member or Resigning Manager

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

*check 4478 \$ 55.00*

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TALLAHASSEE, FLORIDA