



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gixi Couture 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:

Gisela I. De la Torre

(Contact Person)

Gixi Couture LLC

(Firm/Company)

1500 Bay road #1020

(Address)

Miami Beach, Fl. 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Gisela I. De la Torre

(Name of Contact Person)

at ( 786 )

3334605

(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  
17 MAY 30 AM 9:38  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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: Gixi Couture LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000054671

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 23th, 2017

4. I, Maria J. Londono S, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Registered Agent/Manager

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING INSTRUMENT WAS SWORN AND SUBSCRIBED TO BEFORE ME ON  
THIS 5/24/17

BY MARIA LONDONO SANDY

PERSONALLY KNOWN TO ME [ ] OR PRODUCED IDENTIFICATION [ ]

TYPE OR I.D. PRODUCED: FL 535550 79 9980

[Signature] (NOTARY SIGNATURE)

CR2E079 (2/14)

