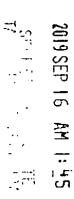
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COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Exot, a Bissels 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:
(Contact Person)
Exotic Birrels (Firm/Company)
128 15th Str. (Address)
St. Augustine, FL. 32.080 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (904) 907-4664 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
51 vision of Corporations
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314
Fallahassee, Florida 32301

CR2E079 (2/14)



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 con	npany as it aj	ppears on th	ne records of	f the Florida	1 Departn
of State is:	Fxotic "	BACCE	15 1	22		
2. The Florida doc	ument/registration nu	umber assign	ned to this l	imited liabil	ity compan	2019 SEP 1
3. The date this me	mber/manager with	drew/resigne	d or will w	ithdraw/resig	gn is:7	- 39
4. I. <u>K. CHA) 0</u> (Print N	I TELL OF STATE OF PERSON RESIGNING	g)	_, hereby w	ithdraw/resi	gn as a	では
	(Print Title)	<u> </u>				
of this limited lia resignation in wr	bility company and a iting.	iffirm the lin	nited liabili	ty company	has been no	otified of
				c		
Signature of D	ssociating Member	or Resigning	Manager			
•	\$25.00 (Required \$30.00 (Optional		e Silver		1. 1865 3. 1. 1875	