<u>LIL 000 193 593</u>

(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bare Mystics, LC (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:
Jacqueline Palmer (Contact Person)
Bare Mystics, UC
325 Sunset Rd, Apt-#3
Haverhitt, Ft West-Palm Beach, F2 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
Tacqve ine Palmer at (SQL) 767-2837 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$\\$25 \text{Filing Fee} \text{\text{Certified Copy}}\$

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

STREET/COURIER ADDRESS:





FILED

2017 NOV 20 PM 3-43

SLCRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	lity company as it appears on the records of the Florida Department
of State is: Bare My	stics, LC
2. The Florida document/registr	ation number assigned to this limited liability company is:
L16000193593	<u></u> .
3. The date this member/manag	er withdrew/resigned or will withdraw/resign is: NOV 13,2017
4. I. Done Cash! (Print Name of Person	hereby withdraw/resign as a
Manager Jerini Tille	
of this limited liability compa	ny and affirm the limited liability company has been notified of my
Signature of Dissociating N	1ember or Resigning Manager
· · · · · · · · · · · · · · · · · · ·	Required) Optional)