

# L16000207445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

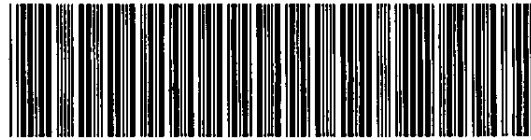
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300292959503

12/08/16--01022--015 \*\*55.00

DEC 09 2016  
S. YOUNG

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
16 DEC -8 PM 2:01

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 222 STYLE LOFT 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:

Melanie Bu

(Contact Person)

222 STYLE LOFT LLC

(Firm/Company)

20001 NW 57 CT

(Address)

Hialeah, Florida 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Bu

at ( 786 ) 499-3324

(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  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -8 PM 2:01



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: 222 Style Loft LLC

2. The Florida document/registration number assigned to this limited liability company is: L16000207445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/10/16

4. I, Neiralys Bu, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Vice President

(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

16 DEC -8 PM 2:01  
CLERK OF STATE  
TALLAHASSEE, FL 32304