L17000091477

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SECRETARY OF STATE TALLARIASSEE, FLORIDA

S. WARREN NOV 1 3 2017

COVER LETTER * * * * * * *

	tion Section of Corporations			
SUBJECT: So	outhern Charm Events FL	LLC		
	(Name of Limited Liability Company)			
The enclosed mo	ember, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please return all	correspondence concerning	this matter to:		
Michelle Hamp	oton			
	(Contact Person)		_	
Southern Cha	rm Events FL LLC			
	(Firm/Company)		_	
2350 Ne 150th	n Avenue			
·	(Address)		_	
Williston FL 32	2696			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
Michelle Hamp	oton	863	517-1120	
(Name	e of Contact Person)		& Daytime Telephone Number)	
Enclosed please ■ \$25 Filing Fe	find a check made payable t		Department of State for: g Fee & Certified Copy	
	RIER ADDRESS:		MAILING ADDRESS:	
•			Registration Section Division of Corporations	
Clifton Building			P.O. Box 6327	
2661 Executive Center Circle			Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	limited liability company as them Charm Events FL L	s it appears on the records of the Florida Department
2. The Florida doc L1700009147		ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, Chris Peterson (Print Name of Person Resigning)		, hereby withdraw/resign as a
MGR	ume by Person Resigning	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of D	sseciating Member or Resig	ming Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
		17 NO.

CR2E079 (2/14)