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COVER LETTER

Registration Section TO: **Division of Corporations** Suspended Scents LLC **SUBJECT:** (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: Cheryl Varner (Contact Person) Suspended Scents LLC (Firm/Company) 912 Pine Drive #109 (Address) Pompano Beach FL 33060 (City/State and Zip Code) For further information concerning this matter, please call: 954 793-9244 Cheryl Varner (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$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

CR2E079 (2/14)

¥ \$25 Filing Fee



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)

	he limited liability company as it apuspended Scents LLC	pears on the records of the Florida Department
2. The Florida d		ed to this limited liability company is:
		or will withdraw/resign is: August 7, 2017 , hereby withdraw/resign as a
Member	(Print Title)	
resignation in		ited liability company has been notified of my Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)