## L17000153095

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	FEMDOM SIENNA, LLC.		
	(Name of Lim	ited Liability Cor	npany)
The enclosed	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Jeremy Ta	labac		
	(Contact Person)		_
RT Taxes,	LLC.		
	(Firm/Company)		_
825 S. US	Hwy 1, Ste 100		
	(Address)		_
Jupiter, FL	33477		
	(City/State and Zip Code)		<del>-</del>
For further in	nformation concerning this matte	er, please call:	
Jeremy Tal	labac	561	203-2352
(N	fame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee,	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)

	<u>Ç</u>	29	
1. The name of the limited liability company as it appears on the records of the Florida	ı Depa	rtmen	ίŧ
The name of the limited liability company as it appears on the records of the Florida of State is:    FEMDOM SIENNA, LLC.	vis:	S	i
2. The Florida document/registration number assigned to this limited liability company	y is:	<u> </u>	)
L17000153095			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	/17		
Jessica N. Parham 4. I,, hereby withdraw/resign as a			
(Print Name of Person Resigning)			
MGR .			
(Print Title)			
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified	of my	,
Signature of Dissociating Member or Resigning Manager			

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)