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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Rose Lily Collection LLC		
Sebsec 1.	(Name of	Limited Liability Co	ompany)
The enclosed	d member, resignation or dis:	sociation and fee	(s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to	:
Michael Barke	ег		
	(Contact Person)		
	(Firm/Company)	<u> </u>	_
3706 E. McBe	erry St.		<u> </u>
	(Address)		
TAMPA/FLO	PRIDA 33610		
	(City/State and Zip Code)		
For further i	nformation concerning this n	natter, please call	l:
Michael Barke	ег	813 at (965-8094)
1)	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed ple	ease find a check made payab g Fee		Department of State for: ng Fee & Certified Copy
Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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	s it appears on the records of the Flor	ida Department
		ssigned to this limited liability compa	any is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	4/2020
		, hereby withdraw/resign as a	
of this limited lia resignation in wr	7 / / -7 / // 1//	ne limited liability company has been	notified of my
		anng manager	. 7
_	\$25.00 (Required) \$30.00 (Optional)		2000 21 - <i>E</i> B
			F!: 8: 58