L17000194960

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
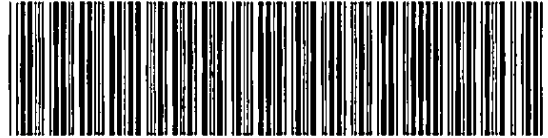
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

12/01/20--01024--004   **25.00

Resignation

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Divine Destiny Apparel 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:

Alena Einfeldt
(Contact Person)

Divine Destiny Apparel LLC.
(Firm/Company)

2525 Dewey St.
(Address)

Hollywood FL 33020
(City/State and Zip Code)

For further information concerning this matter, please call:

Alena Einfeldt at (954) 701-7759
(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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: _Divine Destiny Apparel LLC_.

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

_L19000194960_.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: _08|25|20_

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

MGR - manager.
(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)

CR2E079 (2/14)