



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bubbles Place 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:

Paula Hart  
(Contact Person)

Bubbles Place LLC  
(Firm/Company)

1301 MAJESTY TERRACE  
(Address)

WESTON, FL 33327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Hart at (954) 5494973  
(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

**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

11/11/14 10:00 AM



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: Bubbles Place LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L17000217634
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2019
4. I, Paula Hart, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
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)