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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A BATH AFFAIR, 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:
Susan Pereira (Contact Person)
ABath Affair, LLC. (Firm/Company)
3115 Calle Large Drive
Hollywood FL 3302/ (City/State and Zip Code)
For further information concerning this matter, please call:
Susan Pereira at (786) 309-7297
(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 \$\sum \\$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)



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 Flo	orida Department
of State is:	7 Bath	AFFAIR	, LLC.		·
2. The Florida docu	ment/registrati	on number assi	gned to this limi	ited liability com	pany is:
DOC. # 41-	7000232	074	.		
3. The date this me	mber/manager	withdrew/resign	ned or will with	draw/resign is:	3/31/2019
4. I, <u>DAN</u>	ARE ame of Person Res	BA		ndraw/resign as a	
	MGL · Print Title)	·			
of this limited lial resignation in wri		and affirm the l	imited liability	company has bee	n notified of my
X Figur	M				
Signature of Di	ssociating Men	ber or Resigni	ng Manager		19 HAR
Filing Fee: Certified Copy:	•	• •			FILED R 22 PM ASSEE, FL