L18000004138

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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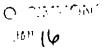
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: MINK GOLDE 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:
Courtrey Bland. (Contact Person)
Mink Galore LLC (Firm/Company)
1.0 Box 677 (Address)
South Bay Fr 33493 (City/Style and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (561) 914-7710 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{525}\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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 it appears on the records of the Florida Department ink Galore LLC	nt
2. The Florida docu	iment/registration number assigned to this limited liability company is:	
L180	00004138	
	mber/manager withdrew/resigned or will withdraw/resign is: 01/08/ e	୭ଫ
	Trint Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of m iting.	ý
Contin	Blad.	
Signature of	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	