118000 150 736

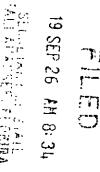
| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Addı | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | illing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: My Tris | of Limited Liability Company) |
| The enclosed member, resignation or | dissociation and fee(s) are submitted for filing. |
| Please return all correspondence conce | erning this matter to: |
| Heather Vargos (Contact Reson) | |
| (Firm/Company) | |
| 15328 SW 74th Place (Address) | `` |
| Miami, FC 3315 (City/State and Zip Code | <u>7</u> |
| For further information concerning the | is matter, please call: |
| Heather Vargo"> (Name of Contact Person) | at (786) 385 3207 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made pa \$25 Filing Fee | yable to the Florida Department of State for: ☐ \$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 Florida Department |
|--|
| of State is: My Tribe Boutique ILC |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L 18000 150736 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: September 24h, 2010 |
| 4. I, Heather Voyage, hereby withdraw/resign as a (Print Name of Person Resigning) |
| Morages (Print Title) |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. |
| THE SET OF SET O |
| Signature of Dissociating Member or Resigning Manager |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) |