## L18000339344

Office Use Only



300321162503

11/29/18--01010--803 \*\*25.08

DEC 04 2018 S. YOUNG 18 NOV 29 PN 6: 50 SECRETANT OF STATE JALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Precious Party Ponies, UC (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:
Christi Waldron (Contact Person)
Precious Party Ponies US
4948 SE 42rd ST. (Address)
OKEECHOBEE FL. 34974 (City/State and Zip Code)
For further information concerning this matter, please call:
Christi Waldron (863623-1693) (Area Code & Daytime Telephone Number 5
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  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

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 compa			e Florida De	partm	ent
of State is:	Precio	<u>jus</u> t	arty	Ponic	35	LL.
	ument/registration num		ı this limited liability	company is:		
<u>L180</u>	200239	364			i	_
3. The date this me	mber/manager withdre	w/resigned or w	ill withdraw/resign	is: 11/C	<u> </u>	<u> </u>
ma	nneger (Print Title)					
of this limited lial resignation in wr	bility company and affi	rm the limited li	iability company ha	s been notifie	ed of n	ny
+	also see			SEC	<del></del>	
Signature of Di	Ssociating Member of	Resigning Mana	ger	AE A	NOV	<u> </u>
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			R) . P S ja SSEE, FLOR	29 PM 6:	C C
				<b>⊟</b> :	e m	