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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: 1960 CIC MUTION (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:
Lauren Eche MENDIA (Contact Person)
Island Girl Wotation (Firm/Company)
32 Black Hickory Way
Drmond Beach FL 321741 (City/State and Zip Code)
For further information concerning this matter, please call:
Lauren Echmendia at (386) 3M - 5350 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset\$}}\$\$ \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

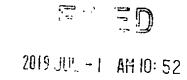
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

	mited liability company as it appears on the records of the Florida Department
2. The Florida docum	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 6 116 13010
4. I. Ratalle (Print Nar	ne of Person Resigning), hereby withdraw/resign as a
Harag	int Title)
of this limited liabi	lity company and affirm the limited liability company has been notified of my
resignation in writi	ng. / ~/?
Ale A	(COK
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)