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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
		,		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	_			





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2020 AUG -3 PM 1:50 SECRETARY OF STATE

JQ 09/25/20

COVER LETTER				
TO: Registration Section , Division of Corporations	•	•		
Xposed Lingerie, LLC SUBJECT:				
(Name of Lin	nited Liability C	Company)		
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.		
Please return all correspondence concerning	this matter to	o:		
Signy Moreland				
(Contact Person)				
Xposed Lingerie, LLC				
(Firm/Company)		<u> </u>		
110 Dixie Dr. Apt A3				
(Address)	_			
Tallahassee, FL 32304				
(City/State and Zip Code)				
For further information concerning this mat	ter, please ca	11:		
Signy Moreland	904 at (428-4167)		
(Name of Contact Person)		de & Daytime Telephone Number)		
Enclosed please find a check made payable ■ \$25 Filing Fee		a Department of State for: ing Fee & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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)

V	e limited liability company a sed Lingerie, LLC		
	cument/registration number a		
Christina Lave	ember/manager withdrew/re nder Name of Person Resigning)		_
	(Print Title) ability company and affirm the	he limited liability compan	y has been notified of my
resignation in w	riting. issociating Member or Resig		•
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	5 <u>5</u> .	PILED 2020 AUG -3 PM 1 SECRETARY OF ST TALLAHASSEE.