

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A STITCH IN TIME EVENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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2021 FEB -2 AM 10:34

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STATE DEPARTMENT OF REVENUE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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2021 FEB -2 PM 5:36  
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TALLAHASSEE, FLORIDA

**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: A STITCH IN TIME EVENTS LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L19000126660
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019
4. I, KAREN R COOLS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AUTHORIZED MEMBER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)