# L19000254315

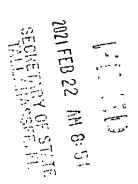
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |





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02/22/21--01037--017 \*\*25.60



K1/23/21

#### **COVER LETTER**

|                  | egistration Section ivision of Corporations |                      |  |
|------------------|---|----------------------|--|
| SUBJEC           | Cakeless Candle LLC                         |                      |  |
|                  |   | Limited Liability Co | ompany)  |
| The enclo        | osed member, resignation or disso           | ociation and fee     | (s) are submitted for filing.                              |
| Please re        | urn all correspondence concerni             | ng this matter to    | <b>)</b> :   |
| Lori Berns       | tein  |                      |  |
|                  | (Contact Person)                            |                      | _  |
| Cakeless C       | Candle L.I.C                                |                      |  |
|                  | (Firm/Company)                              |                      | <del></del>  |
| 301 S. Cot       | inty Road                                   |                      |  |
|                  | (Address)                                   | <del></del>          |  |
| Palm Beac        | h, FL 33480                                 |                      |  |
|                  | (City/State and Zip Code)                   |                      | <u> </u>   |
| For furthe       | er information concerning this ma           | atter, please cal    | 1:   |
| Lori Berns       | tein  | 561                  | 818- 3330<br>)<br>le & Daytime Telephone Number)           |
|                  | (Name of Contact Person)                    | (Area Cod            | le & Daytime Telephone Number)                             |
| Enclosed         | please find a check made payabl             | e to the Florida     | Department of State for:                                   |
| <b>≡</b> \$25 Fi | -   |                      | ng Fee & Certified Copy                                    |
| <u>M</u>         | ailing Address:                             |                      | Street Address:  |
| R                | egistration Section                         |                      | Registration Section                                       |
|                  | ivision of Corporations                     |                      | Division of Corporations                                   |
|                  | O. Box 6327<br>illahassee, FL 32314         | `                    | The Centre of Tallahassee 2415 N. Monroe Street, Suite 819 |
| 1 8              | шана8800, Гр. 54514                         |                      | Tallahassee, FL 32303                                      |



## 2021 FEB 22 AM 8:51 SECRETARY OF STATE TALLAMASSES FU

#### 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)

|  | e limited liability company as it appears on the records of the Florida Department eless Candle LLC   |
|--|---|
| 2. The Florida doc<br>L19000254315       | ument/registration number assigned to this limited liability company is:                              |
| Vam Dachase                              | ember/manager withdrew/resigned or will withdraw/resign is: Yara Bashoor                              |
| Member, Manage                           | (Print Title)   |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my iting.  Feb. 12, 2021 |
| Signature of D                           | issociating Member or Resigning Manager   |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)  |