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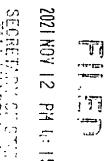
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Lientees Linny , Line)	
(Document Number)	
(Excument Number)	
Continue Continue of Change	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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COVER LETTER

Division of Corporations	
SUBJECT: Fire Flies Bout- (Name of Limited Liabil)	ity Company)
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mate	ter to:
EySell Eq. ton (Contact Person)	
(Firm/Company)	
3284 Heart pine ave	
Odessa, FL, 33556 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
(Name of Contact Person) at (Area	27 249-2841 a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo XI \$25 Filing Fee	orida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

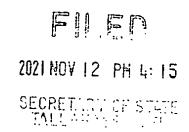
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO: Registration Section





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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Fireflies Boutique LC
	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{1130 21}{}$
4. 1, (Print N	hereby withdraw/resign as a lame of Person Resigning)
Authoriz	Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of m iting.
G	Carl
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)