## 120000065245

Office Use Only



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2021 JAN 19 PH 1: OF SEGRETARY OF STATE

2/23/21

#### **COVER LETTER**

TO:	Registration Section			
	Divis	sion of Corporations		
SUBJ	ECT:	PRETTY FADED LA LLC		
		(Name of Limit	ted Liability Co	mpany)
The e	nclosed	I member, resignation or dissocia	ation and fee(	s) are submitted for filing.
Please	return	all correspondence concerning t	his matter to:	
MEGE	N C WI	LLIAMS		
	•	(Contact Person)		_
				_
		(Firm/Company)		
2940 P	ALLAN	JZA DR S		
		(Address)		<del></del>
SAINT	PETER	RSBURG, FLORIDA 33705		
	-	(City/State and Zip Code)		_
For fu	rther is	nformation concerning this matte	r, please call:	
MEGE	N C WI	LLIAMS	727 at (	674-3092
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to	the Florida I	Department of State for:
<b>■</b> \$25	5 Filing	g Fee	S55 Filing	g Fee & Certified Copy
	<b>M</b> ailir	ng Address:		Street Address:
		stration Section		Registration Section
		ion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	тапа	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# FILED 2021 JAN 19 PH 1: 06

SECRETARY OF STATE TALLAHASSEE, FL

### 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
2. The Florida doc	cument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 08/01/2020
4. I, <u>mariah l fis</u>	, hereby withdraw/resign as a
(Print)	Name of Person Resigning)
AUTHORIZED	MEMBER
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
MI	
Signature of D	Pissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)