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COVER LETTER

Division of Corporations
current Colon) and the second of the second
SUBJECT: Glow Naked Lynning Bearing Bark (Name of Limited Liability Company)
(Additional State of Confusion)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Danielle Charman (Contact Person)
Mon walled Luxury Bearly BARE (Firm/Company)
PO Box U12 (Address)
Windermerce, Fl. 347 86-0012 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 221-2310 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Pmathbb{L} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

CR2E079 (2/14)

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 limite	ed liability compa	ıny as it app	pears on the	records of the	e Florida De	epartment
of State is: <u>\(\sigma\)\(\infty\)</u>	naked (wxm	m Bc	auty E	SAR	
2. The Florida document	d/registration num	ber assigne	ed to this lim	ited liability o	company is	:
L2 0000 31	3837					
3. The date this member/	manager withdre	w/resigned	or will with	draw/resign is	s: July	1,2021
4. 1. Struy Perry (Print Name of	Tanlor Person Resigning)	. <u>. </u>	, hereby with	draw/resign a	as a	
Manager Print	Title)	·				
of this limited liability resignation in writing.	company and affi	irm the limi	ited liability	company has	been notiti	ed of my
Signature of Dissocia	-Ingl					
Signature of Dissocia	ating Member or I	Resigning I	Manager			
Filing Fee: \$2 Certified Copy: \$3	25.00 (Required) 80.00 (Optional)					