## L21000006493

(Requestor's Name)
(Address)
(Address)
( idailos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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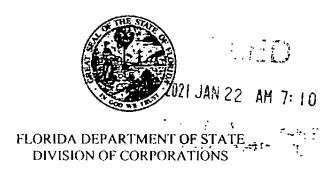
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## COVER LETTER

TO:	Registration Section	
	Division of Corporations	
erin i	JECT: Melyvette Gonzalez	
SUM		Limited Liability Company)
	((Value of )	immed immonity company,
The e	nclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ing this matter to:
Melyv	vette Gonzalez	
	(Contact Person)	
Mely a	& Cyd Boutique, LLC	
	(Firm/Company)	
15867	SW 138th CT	
	(Address)	
Minn	: [1] 22177	
Miani	i, FL 33177 (City/State and Zip Code)	
r c		
ror II	arther information concerning this m	natter, please call:
Melyv	ette Gonzalez	at (305 ) 336-7772
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed please find a check made payab	le to the Florida Department of State for:
	5 Filing Fee	□ \$55 Filing Fee & Certified Copy
ے پ <u>۔</u>	5 Timing Fee	= \$55 1 ming 1 cc & Certifica Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li	imited liability company as it appears on the records of the Florida Department
of State is: Mely &	Cyd Boutique, LLC .
2. The Florida docum	nent/registration number assigned to this limited liability company is:
1.2100006493	·
3. The date this mem	aber/manager withdrew/resigned or will withdraw/resign is: 1/2/2021
4. I, Cyd Llaurador (Print Nar	. hereby withdraw/resign as a ne of Person Resigning)
AMBR	Print Title)
	lity company and affirm the limited liability company has been notified of my
Cyl	Staub
	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)