

h21 0000 6493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

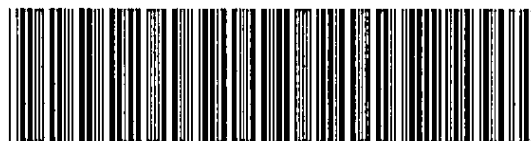
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000367663760

06/07/21--01018--025 \*\*25.00

FILED  
2021 JUN -7 AM 5:13  
TALLAHASSEE, FLORIDA  
STATE

16

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MELY & CYD BOUTIQUE LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MIGUEL PACHECO

\_\_\_\_\_  
(Contact Person)

MELY & CYD BOUTIQUE LLC

\_\_\_\_\_  
(Firm/Company)

15862 SW 138TH CT

\_\_\_\_\_  
(Address)

MIAMI, FL 33177

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL PACHECO

at 305 987-3800  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

\_\_\_\_\_  
(Name of Contact Person)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: MELY & CYD BOUTIQUE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000006493

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/02/2021

4. I, MELYVETTE GONZALEZ, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER/MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2021 JUN -7 AM 5:13  
TALLAHASSEE, FLORIDA