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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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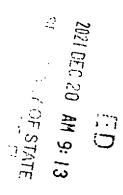
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A. RIVERS
JAN 0 6 2022



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COVER LETTER

TO: Registration Section Division of Corporations SALTY & CHIC BOUTIQUE, LLC SUBJECT: (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: Cathy L Grgurich (Contact Person) SALTY & CHIC BOUTIQUE, LLC (Firm/Company) 13063 PARK BLVD, PORTOBELLO SQUARE SHOPPING CENTER (Address) SEMINOLE, FL 33776 (City/State and Zip Code) For further information concerning this matter, please call: Cathy L Grgurich 727 at ((Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:

□ \$25 Filing Fee

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

\$55 Filing Fee & Certified Copy

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)

SAL	e limited liability company as	s it appears on the records of t	he Florida Dep	oartment
2. The Florida doc	ument/registration number a	ssigned to this limited liability	y company is:	
	ember/manager withdrew/res	signed or will withdraw/resign	12-17-21 n is:	
Tara Hughes 4. I(Print A	Name of Person Resigning)	, hereby withdraw/resign	n as a	
	(Print Title)			
resignation in wr	riting.	ne limited liability company ha		·
Signature of D	issociating Member or Resig	ning Manager		2021 DEC 20
_	\$25.00 (Required) \$30.00 (Optional)		THE YOF STATE	ED €D