## L21000143343

(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:	
J.	HORNE OV 16 2021





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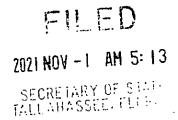
## **COVER LETTER**

**Division of Corporations** BODY TALK BY KIND FOLX 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: Hadley Hansen (Contact Person) The Point Tattoo (Firm/Company) 1913 W Cherry St (Address) Tampa, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: Hadley Hansen 321 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified 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

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)

	limited liability company as it appears on the records of the Florida Department Y TALK BY KIND FOLX LLC
2. The Florida does	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Hadley Hanser	, hereby withdraw/resign as a large of Person Resigning)
ABMR	·
	bility company and affirm the limited liability company has been notified of my iting.  Have
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)