

121 000247569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

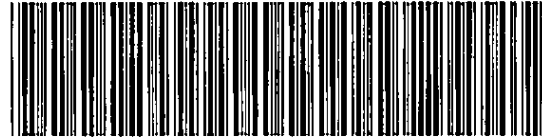
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 10 PM 6:28
TALLAHASSEE, FLORIDA

AUG 2 9 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

A Weird Kind of Beautiful 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:

Gabriel Mayo

(Contact Person)

A Weird Kind of Beautiful LLC

(Firm/Company)

3250 Grand Avenue APT 302

(Address)

Coconut Grove, FL, 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Mayo

305

7991666

(Name of Contact Person) at (_____) _____
(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:

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: A Weird Kind of Beautiful LLC

2. The Florida document/registration number assigned to this limited liability company is:
87-3291793

- 05/12/2022
3. The date this ~~member/manager~~ ^{authorized representative} withdrew/~~resigned~~ or will withdraw/~~resign~~ is: _____
- Fredric Hoffman

4. I, _____, hereby withdraw/resign as a
 (Print Name of Person Resigning)
 Authorized Representative

 (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)~~

2022 JUN 10 PM 6:23
TALLAHASSEE, FLORIDA