

L21 000422243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

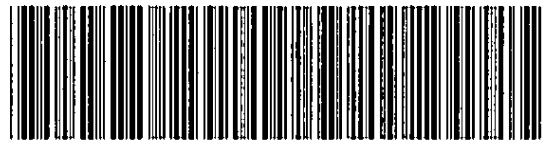
(Document Number)

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REGISTRATION DIVISION

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Baddies Without Daddies 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:

Derek Bruce  
(Contact Person)

Gunster Law Firm  
(Firm/Company)

200 S Orange Avenue Suite 1400  
(Address)

Orlando, FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Madeline Gensolin at (954) 400-9069  
(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:**  
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

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2022 JAN -3 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Baddies Without Daddies Limited Liability Company

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

L21000422243

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/16/2021

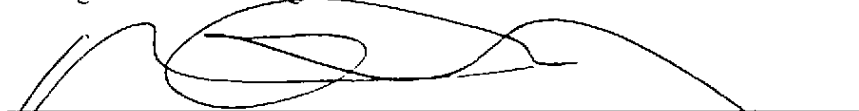
4. I. Madeleine Gensolin, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

VP OF FINANCE

*(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)