## L21000446190

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

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## **COVER LETTER**

| TO:     | Registration Section Division of Corporations  |  |
|---------|--|--|
| SUBJE   | FOR THE BRIDE BOUTIQUE, LLC  |  |
|         | (Name of Limited Liability Con   | mpany)   |
| The en  | closed member, resignation or dissociation and fee(s   | s) are submitted for filing.   |
| Please  | return all correspondence concerning this matter to:   |  |
| Michael | l A Scott, Esq.  |  |
|         | (Contact Person)   | _  |
| The Do  | rcey Law Firm, PLC   |  |
|         | (Firm/Company)   | _  |
| 10181 S | Six Mile Cypress Parkway, Suite C  |  |
|         | (Address)  | _  |
| Fort My | yers, FL 33966   |  |
|         | (City/State and Zip Code)  | _  |
| For fur | ther information concerning this matter, please call:  |  |
| TIFFAN  | NI MERE 239  | 872-8079   |
|         | (Name of Contact Person) (Area Code  | & Daytime Telephone Number)  |
|         | ed please find a check made payable to the Florida I Filing Fee   \$55 Filing                      | Department of State for: g 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 |



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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 a              | as it appears on the records of the F | Florida Department |
|---|--|---------------------------------------|--------------------|
| 2. The Florida docu<br>L21000446190                 | ment/registration number                 | assigned to this limited liability co | mpany is:          |
| 3. The date this men                                | mber/manager withdrew/re                 | esigned or will withdraw/resign is:   | 5/8/2024           |
| 4. I, REBECCA BLACK (Print Name of Person Resigning |  | , hereby withdraw/resign as a         |                    |
| (Print No   |  |                                       |                    |
|   | Print Title)                             |                                       |                    |
| of this limited liab resignation in wri             | ting.                                    | the limited liability company has b   | een notified of my |
| Rebecca B   |  |                                       |                    |
| Signature of Di                                     | ssociating Member or Resi                | igning Manager                        |                    |
| -   | \$25.00 (Required)<br>\$30.00 (Optional) |                                       |                    |