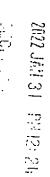


(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Charles leastwater as 5 Filing Officer		
Special Instructions to Filing Officer:		





01/31/22--01017--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lelei Boutique	
(Name of Lir	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Katherine Gomez	
(Contact Person)	
(Firm/Company)	
842 Guadalupe Dr	
(Address)	
Orange City Fl. 32763	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Katherine Gomez	614 441-2899 at ()
(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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	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)

The name of the limited liability company as it of State is: Lelei Boutique	t appears on the records of the Florida Department
2. The Florida document/registration number ass L21000491252	igned to this limited liability company is:
3. The date this member/manager withdrew/resig	gned or will withdraw/resign is: December 1st 2021
4. I. Noazashira A. Alvarado Ramirez	, hereby withdraw/resign as a
4. I. (Print Name of Person Resigning)	. <u></u> .
owner	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Noamakea Alacado Banice	<u></u>
Signature of Dissociating Member or Resign	ing Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: