L21000502340

_____

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
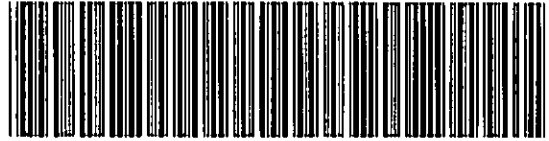
(Business Entity Name)

_____

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 28 2022

Office Use Only

500382149175

02/22/22--01010--024 **25.00

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2022 FEB 22 AM 8: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __Alivio Mattress 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:

Reuben Cohen
_____
(Contact Person)

Alivio Mattress LLC
_____
(Firm/Company)

5025 NW 16th Way
_____
(Address)

Boca Raton, FL 33431
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Reuben Cohen   239   333-9819
_____ 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: **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

CR2E079 (2-14)

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: Alivio Mattress LLC

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

L21000502340

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/16/2022

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

MGR
    (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)

CR2E079 (2/11)