

h22000156322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Good Vibes Apparel, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas A. Spina

\_\_\_\_\_  
Name of Person

Good Vibes Apparel, LLC

\_\_\_\_\_  
Firm/Company

420 Manor Drive

\_\_\_\_\_  
Address

Merritt Island, FL 32952

\_\_\_\_\_  
City/State and Zip Code

melissa@gvausa.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas A. Spina

321

403-4920

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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: Good Vibes Apparel, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000156322

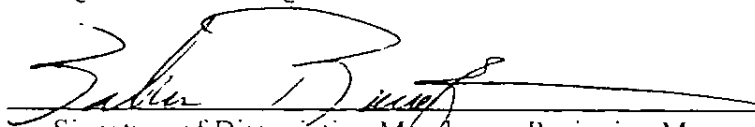
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/28/2022

4. I, Barbara Bumgardner, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Disassociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)