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







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07/18/22--01011--024 **25.00

COVER LETTER

PO: Registration Section Division of Corporations	•
COZY COTTON THREADS CO. LLC SUBJECT:	
(Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JESSI A LONG	
(Contact Person)	_
(Firm/Company)	_
360 NW 135TH WAY	;
(Address)	
PLANTATION, FL 33325	1
(City/State and Zip Code)	_ :;
For further information concerning this matter, please call:	
JESSI A. LONG 954 at (548-1876)
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
	g · · · · · · · · · · · · · · · · · · ·
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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)

	Y COTTON THREADS CO. LLC	of the Florida Department
2. The Florida doc	cument/registration number assigned to this limited liab	ility company is:
4. I,	ember/manager withdrew/resigned or will withdraw/res , hereby withdraw/re Name of Person Resigning)	
MANAGER	(Print Title)	
resignation in w	ability company and affirm the limited liability companiting. Listophariting Member or Resigning Manager	y has been notified of my
-	\$25.00 (Required) \$30.00 (Optional)	