L99000 3 04 699

(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:						

Office Use Only

A. RIVERS FEB 2 0 2023



600397658176

11/15/22--01010---15 ** 25.00



COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: She + Me thrift Li C (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:
Alexandra Vovachele (Contact Person)
She and Me Thrift Boutique, LLC (Firm/Company)
7116 Five Oaks Dr
Harmony, FL 34773 (City/State and Zip Code)
For further information concerning this matter, please call:
Alexandra Voya(helc ut 407, 970-6984 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sumset\$ \$\s

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 compan	ıy as it a _l	ppears on the records of the Flor	ida Departme	nt
of State is:	he and Me	2 Th	oft Boutique, L	LC_	
	ment/registration numb	er assigr	ned to this limited liability comp	any is: 2822 :	!!
		//resigne	ed or will withdraw/resign is:	0/08/20:	2-2
	la Guerrero		_, hereby withdraw/resign as a	:	
	ime of Person Resigning)				• ••
Manage	Y			: \$2	
	Print Title)	<u>.</u>			
		m the lin	mited liability company has been	notified of m	ıy
resignation in wri	ting.				
amana	La Nuene	کیں			
Signature of Di	ssociating Member or R	esigning	g Manager		
Filing Fee:	\$25.00 (Required)				
Certified Copy	\$30.00 (Optional)				