# L22000210766

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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### **COVER LETTER**

TO: Regi	stration Section		
Divi	sion of Corporations		
SUBJECT:	MEGANSPLANTBOUTIQUE, LLC		
~ · · · · · · · · · · · · · · · · · · ·		ited Liability Cor	mpany)
The enclose	d member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return	n all correspondence concerning	this matter to:	
MICHAEL D	ADDESI		
	(Contact Person)		-
MEGANSPLA	ANTBOUTIQUE, LLC		
	(Firm/Company)		_
701 ATLANT	TIC AVE		
	(Address)		_
FORT PIERC	E, FLORIDA, 34950		
	(City/State and Zip Code)	<del></del>	-
For further i	information concerning this matt	er, please call:	
MICHAEL DA	ADDESI	215 at (	4074091
4)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed ple	case find a check made payable t	o the Florida I	Department of State for:
■ \$25 Filin	g Fee	☐ \$55 Filing	g Fee & Certified Copy
	ng Address: stration Section		Street Address:
	sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
_	ahassee, 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)

The name of the limited liability company as it appears on the records of the Florida D     of State is:  MEGANSPLANTBOUTIQUE, LLC	epartment
2. The Florida document/registration number assigned to this limited liability company is L22000210766	:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I, MEGAN MULLINS, hereby withdraw/resign as a, hereby withdraw/resign as a,	
(Print Name of Person Resigning)	
PRESIDENT	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notifiesignation in writing.	ied of my
Melen Mullis	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	: :

### MEGANSPLANTBOUTIQUE, LLC

I Megan Mullins, President of MEGANSPLANTBOUTIQUE, LLC am voluntarily relinquishing my shares and removing myself as member and president of MEGANSPLANTBOUTIQUE, LLC. The effective date of my resignation is 9/1/2024

Megan Mullins
Print name
Megan Mullins

Signature