62200211672

•
(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



200426177442

03/25/24--01027--026 **25.00

03/25/21/

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bousin Dolls (Name of Limited Liability Con	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
(Contact Person)	
(Firm/Company)	_
4841 Mints Itirace	
Orlando FL 323/1 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
(Name of Contact Person) at (401) (Area Code	. & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	
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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doci	ument/registration number assigned to this limited liability company is:
	0211677
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: $\frac{3}{25}$
4. 1, / 1976	hereby withdraw/resign as a lame of Person Resigning) Lev (Print Title)
	bility company and affirm the limited liability company has been notified of my
Signature of Di	issociating Member or Resigning Manager
₹,	\$25.00 (Required) \$30.00 (Optional)
CALUUKU CUDV.	.a.w.w.canonali