

L220000273187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

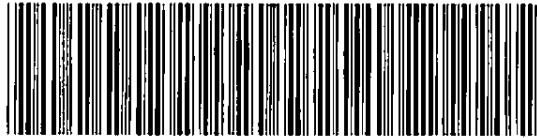
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600418157746

dissociation or  
Resignation of member  
Manager

10/30/23--01035--011 \*\*55.00

FILED  
2023 OCT 30 PM 3:34  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

A. RAMSEY  
NOV -6 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sol Sisters Boutique LLC  
\_\_\_\_\_  
(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:

Condra Ingle

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

215 Nancy Ave

\_\_\_\_\_  
(Address)

Panama City Beach FL 32413

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

For further information concerning this matter, please call:

Condra Ingle at ( 205 ) 299 - 7386  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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



FILED

2023 OCT 30 PM 3: 34

OFFICE OF THE CLERK OF THE SUPREME COURT  
STATE OF FLORIDA

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)

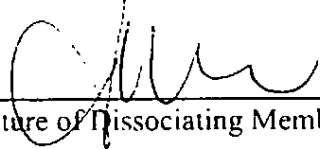
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sol Sisters Boutique LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000273187

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/1/23

4. I, Tonya McCollum, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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