

L22 000 301681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

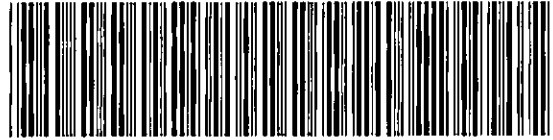
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Live, Love, Baby 3D/4D Ultrasound Studio  
(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:

Rachel Bosko

(Contact Person)

Live, Love, Baby 3D/4D Ultrasound Studio  
(Firm/Company)

4416 S. Florida Ct.

(Address)

Lakeland, Florida 33813

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Bosko

(Name of Contact Person)

at ( 803 ) 602-6995

(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 JAN 27 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FL

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: Live Love Baby 3D/4D Ultrasound Studio LLC

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

L22000301681

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/2022

4. I, Kahlee Miracle, hereby withdraw/resign as a  
(Print Name of Person Resigning)

member  
(Print Title)

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

Kahlee Miracle

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)