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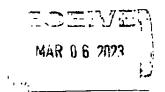
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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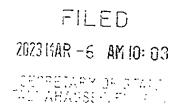
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ANGELIC Whis PERS	S Jewel Ry ile
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
ANA J Nickerson	_
ANGELIC Whispeps Tewel Re (Firm/Company)	ilc
371 MOGAWK LNi (Address)	_ .
BOLA RATON FL 334 (City/State and Zip Code)	_87
For further information concerning this matter, please call:	
ANT Nickerson at (646 (Name of Contact Person) (Area Code) 422 9891 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □ \$25 Filing Fee \$\overline{\omega}\$	Department of State for: 2 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





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:	Weelie Whispers Jewelby LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> </u>	00316328
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{2/28/23}{}$
4. I. <u>ALEJA</u> (Print No	WDROF MOURING hereby withdraw/resign as a ame of Person Resigning)
MA	NAGER. Print Title)
	pility company and affirm the limited liability company has been notified of my
Signature of Dis	ssociating Alember or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)