

L28 0000 67555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

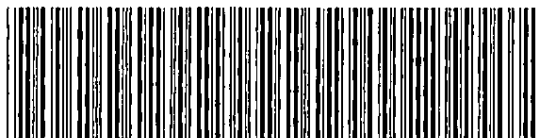
(Business Entity Name)

(Document Number)

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

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2008 JUN 14 10:07 AM

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2008 JUN -8 AM 10:07

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

WMP



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: House of Cytherca LLC

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

L23000067555

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/9/23

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

Vice President/owner  
(Print Title)

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

Colleen Leone

Signature of Dissociating Member or Resigning Manager

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

FILED  
2023 JUN -8 AM 9:31  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: House of Cythera 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:

Colleen Leone  
(Contact Person)

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

966 SW Dalton Ave  
(Address)

Port Saint Lucie, FL 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Leone at (617) 447-4232  
(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

June 4, 2023

House of Cytherea LLC  
369 Hobine Street  
Fort Pierce, FL 34982

Attn of:  
Claudio Farina and Samuel Woodham  
369 Hosbine Street  
Fort Pierce, FL 34982

RE: Resignation

Claudio and Samuel:

I am writing to you both, to inform you that I am resigning as Vice President of House of Cytherea LLC as of June 4, 2023. Please accept this letter as my resignation.

Thank you,

A handwritten signature in black ink that reads "Colleen Leone". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Colleen Leone