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COVER LETTER

Division of Corporations
SUBJECT: (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:
Juan Jutienez (Contact Person)
GIYLS IN PINK LLC (Firm/Company)
14583 Chickee drive
Naples FL 34114 (City/State and Zip Code)
For further information concerning this matter, please call:
Juan (Julie 1867) at (239) 784 7013 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314



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 l	imited liability co	mpany as it ap	ppears on the re	ecords of the Florida	a Department
of State is:	irls in	Pink	LLC	<u>-1</u>	202
2. The Florida docur	ment/registration	number assign	ed to this limit		y is T
L23000	384838			•	J F
3. The date this men	nber/manager with	hdrew/resigne	d or will withd	raw/resign is: 3	189240
4.1, Arelis (Print Nat	(10tierre 7 me of Person Resigni	ing)	_, hereby withd	raw/resign as a 👾	30
Manager	^ Print Title)				
of this limited liab resignation in writ		l affirm the lin	nited liability co	ompany has been no	otified of my
Andis	Gutie	rrez			
	sociating Member		Manager	_	
Filing Fee:	\$25.00 (Requir	•			
Certified Copy:	\$30.00 (Option	al)			