M14000004716

(Req	uestor's Name)			
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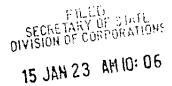
FILED SECRETARY OF CIAIL DIVISION OF CERPOIS SIGN

1,21,15

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI				
	(Name of Limit	ed Liability Con	npany)	
The en	closed member, resignation or dissocial	tion and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matter to:		
JOHN	L. McKERNAN		_	
	(Contact Person)			
CHAF	PEL HEADWEAR, LLC			
	(Firm/Company)		_	
2215	PLAZA DRIVE, STE #120		_	
	(Address)			
ROCK	KLIN, CA 95765		_	
·	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
JOHN	I L. McKERNAN	916 at (435-4178	
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
	ed please find a check made payable to Filing Fee		Department of State for: 3 Fee & Certified Copy	
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)





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)

	the limited liability company a	as it appears on the records of the Florida Department
2. The Florida o	locument/registration number	assigned to this limited liability company is:
M1400000	4716	
3. The date this	CUVEN	esigned or will withdraw/resign is: GWEN NGUYEN , hereby withdraw/resign as a
	nt Name of Person Resigning)	, nerooy withdraw.es.g. as a
MANAGIN	IG MEMBER	
	(Print Title)	
of this limited resignation in		the limited liability company has been notified of my
<u>the</u>	Mm	
Signature o	Dissociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)