## L0600015387

(Requestor's Name)					
(Address)					
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( (daless)					
. (City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:	Salon Montage, LLC		
	(Name of Limited	Liability Co	mpany)
The enclosed filing.	member, managing member or ma	anager resi	gnation and fee(s) are submitted for
Please return	all correspondence concerning this	s matter to:	
Laurie Att	ard		_
•	(Contact Person)		
Salon Mor	ntage, LLC		_
	(Firm/Company)		
360 SE P	ort St. Lucie Boulevard		_
	(Address)		
Port St. Lu	ucie, FL 34984		_
	(City/State and Zip Code)		
For further in	formation concerning this matter, p	please call:	
Laurie Att	ard at	· \	879-1199
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plea	ase find a check made payable to the	ne Florida l	Department of State for:
<b>F</b>	\$25 Filing Fee		\$55 Filing Fee &
	<b>——</b>		Certified Copy
STREET/CO	OURIER ADDRESS:		MAILING ADDRESS:
Registration S	Section		Registration Section
Division of C			Division of Corporations
Clifton Build			P.O. Box 6327
	ve Center Circle		Tallahassee, Florida 32314
Tallahassee, I	10rida 52501		

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as on Montage, LLC	it appears on the records	of the Florida Department
2. This limited liab the State o	ility company was organized f Florida	under the laws of:	
3. The Florida docu L06000015	iment/registration number of 5387	this limited liability con	npany is:
4. I, Jennifer C	. Pagliuco ame of Person Resigning)	, hereby resign as a	Manager (Print Title)
of this limited lial resignation in wr	pility company and affirm the	e limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		