

L14000139584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

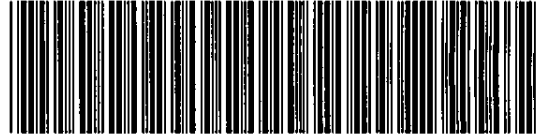
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 19 P 1:02

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AUG 22 2016
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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: Salon Dominicanos & Beauty LLC

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

L14000139584

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

07-25-2016

4. I, MARIA I SANCHEZ, hereby withdraw/resign as a

(Print Name of Person Resigning)

MANAGER

(Print Title)

07-25-2016
2:15 PM
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TALLAHASSEE, FLORIDA

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

X *Maria Sanchez*
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)