## 19000305823

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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March 24, 2020

LATANIA M. RUISE PO BOX 695030 MIAMI, FL 33269

SUBJECT: ELIXIR BEAUTY USA, LLC

Ref. Number: L19000305823

We have received your document for ELIXIR BEAUTY USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 020A00006400

www.sunbiz.org

## **COVER LETTER**

	Registration Section		
	Division of Corporations		
SUBJE			
	(Name of Limit	ed Liability Con	npany)
The enc	losed member, resignation or dissocia	tion and fee(s	) are submitted for filing.
Please r	eturn all correspondence concerning t	his matter to:	
	LATANIA M. RUISE		
	(Contact Person)		-
	RUISE & ASSOCIATES, PA		
	(Firm/Company)		-
	PO BOX 695030		
	(Address)		-
	MIAMI, FLORIDA 33269		
	(City/State and Zip Code)	····	-
For furt	her information concerning this matte	r, please call:	
LATANI	A M. RUISE	786 at (	393-7750
	(Name of Contact Person)	\	& Daytime Telephone Number)
Enclose	d please find a check made payable to	the Florida D	Department of State for:
	Filing Fee		Fee & Certified Copy
_	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Γallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

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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)

	e limited liability company as it appears on the records of the Florida Department
of State is:	TR BEAUTY USA, LLC.
2. The Florida doc L19000305823	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	JGGER, hereby withdraw/resign as a warm of Person Resigning)
(Print l	lame of Person Resigning)
ATTORNEY	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my
( John	- Wil nigger se
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)