

417 000 211857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

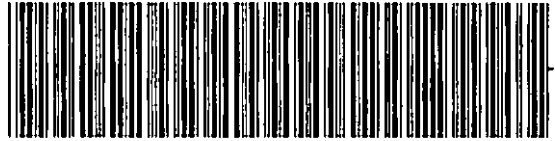
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 APR 13 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B Glam Hair Salon LLC  
(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:

Elizabeth Arzola  
\_\_\_\_\_  
(Contact Person)

B Glam Hair Salon LLC  
\_\_\_\_\_  
(Firm/Company)

18500 NW 62 Ave, Apt 101  
\_\_\_\_\_  
(Address)

Hialeah, FL 33015  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Arzola                                      786                      303-5545  
\_\_\_\_\_  
(Name of Contact Person)                                      at (                      )                                      (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                                       \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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 limited liability company as it appears on the records of the Florida Department of State is: FLORIDA

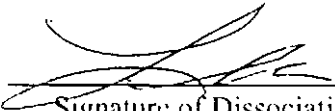
2. The Florida document/registration number assigned to this limited liability company is:  
L17000211857

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/30/2018

4. I, ELIZABETH ARZOLA, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2018 APR 13 AM 10:40  
TALLAHASSEE, FLORIDA

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