L18000258725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
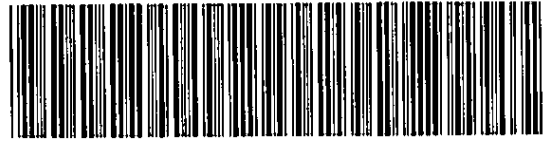
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARBER, BOUTIQUE & SPA, 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:

IRMA L. RIVERA
_____
(Contact Person)

BARBER, BOUTIQUE & SPA, LLC
_____
(Firm/Company)

1316 S. BUCHANAN STREET
_____
(Address)

ARLINGTON, VA 22204
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA L. RIVERA   703   593-2146
_____ at (_____) _____
(Name of Contact Person)   (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

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                      Tallahassee, FL 32303

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: BARBER, BOUTIQUE & SPA, LLC _____.

2. The Florida document/registration number assigned to this limited liability company is:
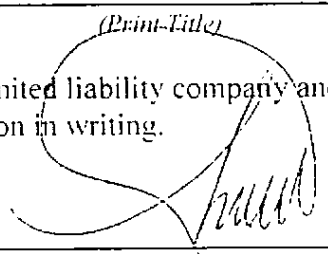
   L18000258728 _____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 31 OCTOBER 2020 _____

4. I, DEBRA LEE ALVAREZ _____, hereby withdraw/resign as a
   (Print Name of Person Resigning)

   MANAGING MEMBER
   _____.
   (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)