## L00 CCOC 12823

(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:
j





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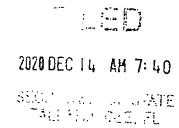
O SIMMONS

## **COVER LETTER**

TO:	<u> </u>		
	Division of Corporations		
SUBJ	Salon Trio,LLC		
	(Name of L	Limited Liability Co	ompany)
The c	inclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Pleas	e return all correspondence concerni	ng this matter to	):
Mary :	K Worton		
	(Contact Person)		
Salon	Trio, LLC		
	(Firm/Company)		<del></del>
12515	South Dixie Highway		
	(Address)	# U	_
Pinecr	rest, FL 33156		
	(City/State and Zip Code)		<del>_</del>
For fi	urther information concerning this m	atter, please call	1:
Mary	K Worten	305 at (	251-9115 )
	(Name of Contact Person)		de & Daytime Telephone Number)
Enclo	osed please find a check made payabl	le to the Florida	Department of State for:
	5 Filing Fee		ng 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

CR2E079 (2/14)





## 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)

	imited liability company as it appears on the records of the Florida Department			
2. The Florida document/registration number assigned to this limited liability company is:  L00000012823				
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:			
	, hereby withdraw/resign as a, hereby withdraw/resign as a			
member/manager				
	Print Title)			
of this limited liabi resignation in writ	ility company and affirm the limited liability company has been notified of my ing.			
Dannife	P.Diego			
Signature of Dis-	sociating Member of Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			