

L00 CC00 12823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

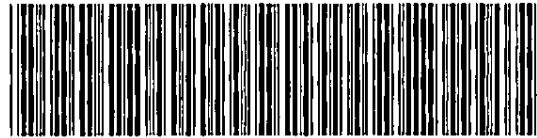
(Business Entity Name)

(Document Number)

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

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SEAL AND NOTARIZE  
TALLAHASSEE, FL

O SIMMONS

JAN 27 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salon Trio, 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:

Mary K Worton

(Contact Person)

Salon Trio, LLC

(Firm/Company)

12515 South Dixie Highway

(Address)

Pinecrest, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary K Worton

305

251-9115

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

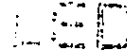
☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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