2000012903

(Re	questor's Name)	
		•
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
•		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	,	
(Do	cument Number)	
	·	
Certified Copies	Certificates	of Status
•	-	
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G. MCLEOD
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EVELYN WILK & MICHA (Name of Limited)	EL, TOO, L.L.C. Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted fo
Please return all correspondence concerning this	s matter to:
DANA LIFSHITZ	
(Contact Person)	
BELLAMI SALON & SPA, LLC	
(Firm/Company)	
17395 N. BAY ROAD #104	
(Address)	Carlot Commence of the Carlot Carlot
SUNNY ISLES BEACH, FL 33160	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
DANA LIFSHITZ at	305 931-7750
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
CR2E079 (5/06)	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: EVELYN WILK & MICHA		Department
2. This limited liability company was organized to THE STATE OF FLORIDA	under the laws of:	DIVISION OF 08 DEC 1
3. The Florida document/registration number of t L02000012903	his limited liability company is:	1 PHI2: 06
I. I. AVRAHAM LIFSHITZ	hereby resign as a MGR	A 194
(Print Name of Person Resigning)	(Print Titl	e)
of this limited liability company and affirm the resignation in writing.		fied of my
Ai afante		
Signature of Resigning Member, Managing Me	mber or Manager	

\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: