

# L02000012903

\_\_\_\_\_  
(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



500158877015

07/27/09--01015--015 \*\*85.00

FILED  
2009 JUL 27 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 28 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BELLAMI SALON & SPA, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DANA LIFSHITZ  
(Contact Person)

BELLAMI SALON & SPA, LLC  
(Firm/Company)

17395 N. BAY ROAD #104  
(Address)

SUNNY ISLES BEACH, FL 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

DANA LIFSHITZ at ( 954 ) 752-5385  
(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

**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



FILED

2009 JUL 27 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BELLAMI SALON & SPA, LLC
2. This limited liability company was organized under the laws of:  
THE STATE OF FLORIDA
3. The Florida document/registration number of this limited liability company is:  
L02000012903
4. I, NIRA LIFSHITZ, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Nira Lifshitz  
Signature of Resigning Member, Managing Member or Manager

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