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SECRETARY OF STATE
SECRETARY OF STATE

2124/16GS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LICE CLEANIQUE, LLC			
(Name of Limited Liability C	Company)		
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.		
Please return all correspondence concerning this matter to):		
GARY I. HANDIN, ESQ.			
(Contact Person)			
GARY I. HANDIN, P.A.			
(Firm/Company)			
3111 UNIVERSITY DRIVE-SUITE 605			
(Address)			
CORAL SPRINGS, FL. 33065	بر, ا	(غسدا	
(City/State and Zip Code)		တ	
For further information concerning this matter, please cal	l: Alix	. 50 S	
GARY I. HANDIN 954	796-9600	22 PM	 T
(Name of Contact Person) (Area Co	de & Daytime Telephone Number	/: 	\
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Fili	Department of State for:	5	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		

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)

		it appears on the records of the	Florida Department
of State is:	E CLEANIQUE,LLC		·
2. The Florida doct		ssigned to this limited liability of	ompany is:
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	:
4. I, LIDIA SERRANO (Print Name of Person Resigning), he		, hereby withdraw/resign a	s a
MEMBER/MA			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	e limited liability company has l	been notified of my
Signature of Di	ssociating Member or Resign	ning Manager	SE SE
-		mng wanager	AUG CRETA SLAHAS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		HILE TARY O HASSEE.
certified copy.	\$30.00 (Optional)		