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SECRETARY OF CURPORATION

## **COVER LETTER**

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: Salon Tre' LLC	
(Name of Limited	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Peggy S. Cripe	
(Contact Person)	
Salon Tre' LLC	
(Firm/Company)	
8351 S.R. 54 Suite 104	
(Address)	<del></del>
New Port Richey, Florida 34655	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Peggy S. Cripe	727 372-1919
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
rananassee, r tortua 32301	



## 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 li of State is: Salo		s it appears on the records of the Florida Depa	artme	nt .·
2. This limited liabiling Florida	ity company was organized	i under the laws of:		
3. The Florida docum	~	f this limited liability company is:		
4. I, Veronica Va	alentine ne of Person Resigning)	, hereby resign as a Owner, Mgr.	. <del>-</del>	-
resignation in writi		ne limited liability company has been notified  Member or Manager	of m	SEC.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MAY -7 AMII:	RETARY OF \$ 54. ON OF CORPUSA