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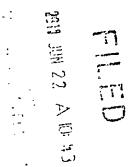
(Requestor's Name)
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(Address)
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06/22/18/05

COVER LETTER

SUBJECT: LETEUNE HAIR AND MAKEUP ARTISTRY (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:	
PATRICIA R LEJEUNE (Contact Person)	
LETEUNE HAIR AND MAKEUP ARTISTRY (Firm/Company)	
3531 EDGEWATER DRIVE	
ORUANDO, FURIDA 32804 (City/State and Zip Code)	> -
For further information concerning this matter, please call:	
	ا : کار
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



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)

1. The name of the li	mited liability company as i	it appears on the records o	f the Florida Departi	nent
of State is: LE	TEUNE HAIR	and Makeup	Artistry 1	14
	nent/registration number ass	signed to this limited liabil	ity company is:	
3. The date this mem	ber/manager withdrew/resig	gned or will withdraw/resi	gn is: 10/19/2	<u>810</u>
_	M LETEUNE ne of Person Resigning)			
	ring Title)		2 الآلل	
resignation in what	lity company and affirm the ng. ociating Member or Resign		has been notified of	`miv!`i
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	Who is personally known to me or as selection. Signature Necessy huma: State of Planta	Commission Expiretion Date:	12y

