

LO7000026814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

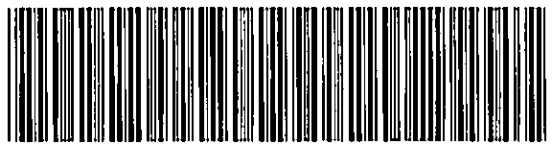
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500314548905

06/22/16--01013--001 **55.00

FILED
2016 JUN 22 A 10:43

06/22/16 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEJEUNE 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)

LEJEUNE HAIR AND MAKEUP ARTISTRY
(Firm/Company)

3531 EDGEWATER DRIVE
(Address)

ORLANDO, FLORIDA 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA R LEJEUNE at (407) 414-3971
(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

2018 JUN 22 4:10:43

FILED



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 limited liability company as it appears on the records of the Florida Department of State is: LEJEUNE HAIR AND MAKEUP ARTISTRY LLC

2. The Florida document/registration number assigned to this limited liability company is:

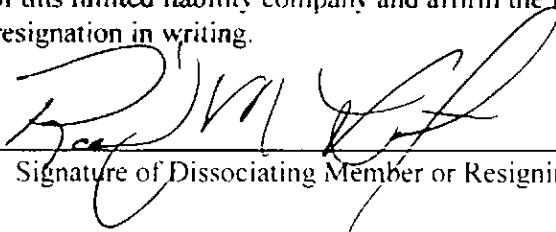
LO7000026814

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/19/2018

4. I, Randy M LEJEUNE, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

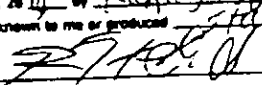
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

FILED
2018 JUN 22 7A 10:43

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

State of Florida (County of Orange)
The foregoing instrument was acknowledged before me on this 19 day
of JUNE, 2018, by Randy M. Lejeune
who is personally known to me or produced State ID
as identification.
Signature: 
Notary Public State of Florida Commission # 7
Commission Expiration Date: _____

