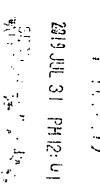
## 10800000 4893

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Aug () 6 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Euphoria Salon II C (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:
Denise Cossaboon (Contact Person)
Euphoria Salon LCC (Firm/Company)
(003 50. Yonge 54.
Ormand Boh FL 32174 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (386) 236-9959 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\mathbb{Q}\$ \$25 Filing Fee & Certified Copy
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



## 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: Euphoria Solon LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L 08000004893
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Samantha Szymigala, hereby withdraw/resign as a
(Print Name of Person Resigning)
(Print Name of Person Resigning)  Managing Membe ( Print Title)
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
Soni S
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)