

LO80000 78294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

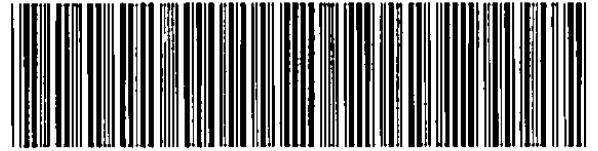
(Document Number)

Certified Copies / Certificates of Status

Special Instructions to Filing Officer:

28th

Office Use Only



000342273710✓

04/05/20--01016--012 **55.00

LLC
Disso. /
Resigned

5/4/20
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2020

JEFFREY S OLSON
JEFFREY S. OLSON LLC
1405 LINHART AVE
FORT MYERS, FL 33901

SUBJECT: BOUTIQUE SPA, LLC
Ref. Number: L08000078294

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

WE RECEIVED THE COVER LETTER BUT NOT THE DISSOCIATION/RESIGNATION FORM. PLEASE COMPLETE THE ATTACHED FORM AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00008283

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boutique Spa LLC

(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:

Jeffrey S Olson

(Contact Person)

Jeffrey S Olson LLC

(Firm/Company)

1405 Linhart Ave

(Address)

Fort Myers, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey S Olson

at (239) 689-4634

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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: Boutique Spa LLC

2. The Florida document/registration number assigned to this limited liability company is:
108000078294

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/18/2020

4. I, Bianca Embley, hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member

(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

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

2020
MAR 18 10 11 AM
FBI