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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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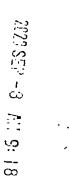
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	NEW YORK'S FINEST BARBERSHOP LLC					
(Name of Limited Liability Company)						
The enclosed	he enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return	all correspondence concern	ing this matter to:				
Perez, Felipe						
	(Contact Person)	****				
NEW YORK'S	FINEST BARBERSHOP LLC					
-	(Firm/Company)		•			
7750 NW 34th	Street					
	(Address)					
Hollywood, FL	. 33024					
	(City/State and Zip Code)		•			
For further in	nformation concerning this n	natter, please call:				
Perez, Felipe		754 at (777-1370)			
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed ple ☐ \$25 Filing	ase find a check made payab g Fee		epartment of State for: 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)

	limited liability company as i	t appears on the records of the Florida Departm	ent
2. The Florida doc L10000119505	ument/registration number ass	igned to this limited liability company is:	
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is:	
4. I, (Print Name of Person Resigning)		, hereby withdraw/resign as a	
M Member	.		
of this limited lia resignation in wi	riting.	limited liability company has been notified of r	ny
Signature of D	pal R Wehra issociating Member or Resigni	- ' '	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	3 (11 9:	

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