

L12000029705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

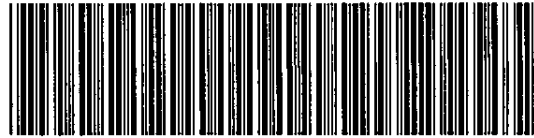
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255296548

01/10/14--01009--009 **55.00

FILED

2014 JAN 10 AM 4:42

CLERK OF STATE
TALLAHASSEE FLORIDA

JAN 14 2014

10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMVI HAIRDRESSING 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:

J. MICHAEL BARRENECHE

(Contact Person)

J. MICHAEL BARRENECHE PA

(Firm/Company)

1200 BRICKELL AVE STE 500

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL BARRENECHE

305

386-3579

at ()

(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

CR2E079 (12/13)

FILED
2014 JAN 10 AM 4:42
TALLAHASSEE FLORIDA
STATE DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: EMVI HAIRDRESSING LLC

2. The Florida document/registration number of this limited liability company is:
L12000029705

3. The date this member withdrew or will withdraw is: JANUARY 7TH, 2014

4. I, VALERIO PERFETTI, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

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

Signature of Resigning or Dissociating Manager, Member

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

FILED
2014 JAN 10 AM 4:42
DIVISION OF STATE
ADMINISTRATIVE SERVICES