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#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT: EXPRESSION & IMAGE BEAUTY SALON LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**CLARA ZAPATA** 

(Contact Person)

**EXPRESSION & IMAGE BEAUTY SALON** 

(Firm/Company)

7522 WILES RD. SUITE 101B

(Address)

CORAL SPRINGS, FL.33067

(City/State and Zip Code)

For further information concerning this matter, please call:

CLARA ZAPATA

...954

8820073

(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 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	• • •	s it appears on the records of BEAUTY SALON LLC	-		
	ility company was organize				
3. The Florida doca L12000080		of this limited liability com	pany is:		
4. I, IVAN PEREZ  (Print Name of Person Resigning)		, hereby resign as a	_, hereby resign as a MGRM (Print Title)		
of this limited lia resignation in wr	bility company and affirm t	the limited liability compan	, ,		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED  13 SEP 20 AM 1  SECRETARY OF S MALLAHASSEE, FL		

CR2E079 (5/06)