## 112000120709

(R	Requestor's Name)				
(A	ddress)				
(A	ddress)				
(C	City/State/Zip/Phone #	)			
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Name)	-			
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
		!			
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## **COVER LETTER**

	egistration Section		
Di	vision of Corporations		
SUBJEC	Var		
	(Name of Lim	ited Liability Cor	npany)
The enclo	sed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to:	
Kurtis Bu	ush		
	(Contact Person)		_
Mish Ma	keup Artist LLC		
	(Firm/Company)		_
4360 No	rthlake Blvd. Ste. 208		
-	(Address)	· •	_
Palm Be	ach Gardens, FL 33410		
	(City/State and Zip Code)		_
For furthe	r information concerning this matte	er, please call:	
Kurtis Bu	ush	561 at (	889-6258
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed  \$25 Fil	please find a check made payable to ing Fee		Department of State for: g Fee & Certified Copy
	COURIER ADDRESS:		MAILING ADDRESS:
_	on Section of Corporations		Registration Section Division of Corporations
Clifton Bu			P.O. Box 6327
	cutive Center Circle ee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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 th	e limited liability company a	as it appears on the records o	f the Florida D	)e <b>pa</b> rtı	ment
of State is:	h Makeup Artist LLC		TAR TAR		
	cument/registration number	assigned to this limited liabil	ASSENTED STATE	i - 1. AM 8:	
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resi	ign is:	\$£c	
4. I, Mish Bush	Name of Person Resigning)	, hereby withdraw/res	ign as a		
President	(Print Title)				
of this limited li- resignation in w	ability company and affirm	the limited liability company	has been noti	fied of	îmy
Signature of D	Sh JUJ The Dissociating Member or Resident	igning Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				