# L13000115393

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### - COVER LETTER

Division of Corporations		
SUBJECT: Bella Lash Lounge (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:		
Maegan Harper (Contact Person)		
(Firm/Company)		
(Fine Company)		
164100 Ceclar Crest dr (Address)		
Orlando F1 32828 (City/State and Zip Code)	2018 FEB -4	
For further information concerning this matter, please call:	•	5-A.
Maeacun Harper at (407) 590.0945 (Name of Contact Person) (Area Code & Daytime Telephone Number	 研川: 27	,

Enclosed please find a check made payable to the Florida Department of State for:

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section

MAILING ADDRESS:

S55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

\$25 Filing Fee



## 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	ı Depai	rtmen	l
of State is: Bella Lash Lounge		·	
2. The Florida document/registration number assigned to this limited liability company	y is:		
L13000116393			
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	1/19		
4. I. Malacan Harper, hereby withdraw/resign as a (Print)Name of Person Resigning)			
Title manger (Print Title)	E.	2019	eache
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified o	亡 明 加y	 
May X		AH II: 2	
Signature of Dissociating Member or Resigning Manager		27	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			