

U13000121412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

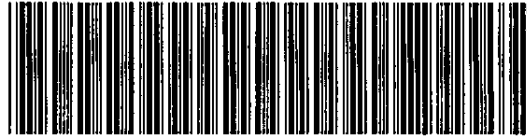
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500281058515

01/15/16--01012--011 **25.00

FILED
16 JAN 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 19 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: omegahairkeratin,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:

Noel Maia

(Contact Person)

omegahairkeratin,llc

(Firm/Company)

1484 Seagull dr # 208

(Address)

PALM HARBOR / 34685

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL MAIA

(Name of Contact Person)

at 727 692-2404
(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 (2/14)

FILED
16 JAN 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Department of State is: Omegahairkeratin, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L 13000121412.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/12/2016
4. I, Maira Perez, hereby withdraw/resign as a
(Print Name of Person Resigning)
amb
(Print Title)

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

A handwritten signature in cursive script, appearing to read "Maira Perez", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

FILED
16 JAN 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA