L13000139440

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700260215957

05/16/14--01008--012 **25.00

SECRETARY 16 PM 1: 08

C. LEWIS

MAY 2 9 2019

EXAMMER

COVER LETTER

i,

CR21:079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: LCB BEAUTIFICATION ENGINEER	S LLC
(Name of Limited Liabili	ity Company)
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
MARCUS STANDRIDGE	
(Contact Person)	
LCB BEAUTIFICATION ENGINEERS LLC	
(Firm/Company)	
19324 NW 202 STREET	
(Address)	
HIGH SPRINGS FL 32643	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
MARCUS STANDRIDGE 352	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee \$55	rida Department of State for: 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





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)

	limited liability company as it appears on the records of the Florida Department BEAUTIFICATION ENGINEERS LLC
2. The Florida docu L1300013944	ument/registration number assigned to this limited liability company is:
	mber/manager withdrew/resigned or will withdraw/resign is:
MANAGER	,
	company and affirm the limited liability company has been notified of my iting.
	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)