

L14000000 6182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

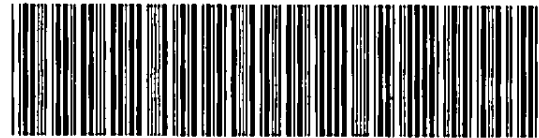
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/21/18--01024--008 \*\*25.00

19 JUN 21 AM 10:05  
RECEIVED  
STATE OF  
MASSACHUSETTS

Member Resignation

JUN 07 2019

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KIANA HAIR & BEAUTY SALON 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:

JULISSA ROSADO  
(Contact Person)

DCM SERVICES CENTER INC  
(Firm Company)

2529 W BUSCH Blvd STE 1000  
(Address)

TAMPA FL 33618  
(City State and Zip Code)

For further information concerning this matter, please call:

JULISSA ROSADO at ( 813 ) 990 8630  
(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

19 MAR 21 PM 10:05

NOT RECORDED  
DATE 3/21/19



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: KIANA HAIR & BEAUTY SALON LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14 00000 61 82

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04-04-2019

4. I, AITACRACIA GUILLEN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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