

L14000107224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

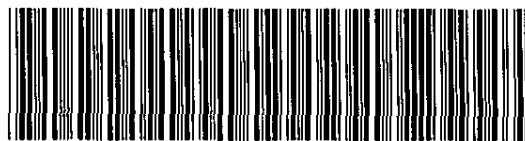
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB 19 AM 11:39

FEB 19 2015

T. CARTER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salon Moms 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:

Alexis McKenzie  
(Contact Person)

(Firm/Company)

7960 Happy Trail  
(Address)

Kissimmee FL 34747  
(City/State and Zip Code)

For further information concerning this matter, please call:

Alexis McKenzie at (321) 438 9670  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2015

ALEXIS MCKENZIE  
7960 HAPPY TRAIL  
KISSIMMEE, FL 34747

SUBJECT: SALON MOMS L.L.C.  
Ref. Number: L14000107224

We have received your document for SALON MOMS L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The fees to file the member, resignation or dissociation is \$25.00 and the certified copy is \$30.00. The fees to file the Articles of Amendment to the Articles of organization is \$25.00 and the certified copy is \$30.00. Please return your documents with the correct filing fees.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 115A00002746



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 19 AM 11:39

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: Salon Moms LLC.

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

L14000107224

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan. 15 2015

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

AMBR Authorized Member  
(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)