

L15000203049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

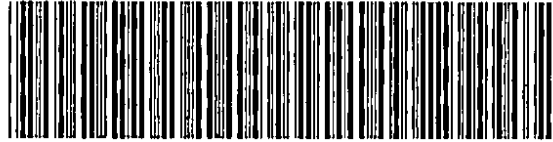
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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D CUSHING

Law Offices of
CANTWELL & GOLDMAN, P.A.

www.cfglawoffice.com

96 Willard Street, Suite 302
Cocoa, Florida 32922-7947
Telephone: (321) 639-1320
Facsimile: (321) 639-9950

Bradly Roger Bettin, Sr.
William H. Cantwell, II (Deceased)
Samantha Jo Ghanayem
Mitchell S. Goldman
Matthew J. Monaghan
Kimberly Bonder Rezanka
Jay R. Thakkar

November 15, 2019

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

RE: Studio 2 Twenty 4 Salon, LLC

Dear Sir/Madam:

Enclosed please find the following:

1. Cover Letter
2. Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company
3. Cantwell & Goldman, P.A. Check # 7985 for filing fee

Sincerely,



Christine Jackson, Assistant to
Mitchell S. Goldman, Esq.

Enc.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Studio 2 Twenty 4 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:

Darlene K Wartell
(Contact Person)

Studio 2 Twenty 4 Salon, LLC
(Firm/Company)

602 Brevard Ave
(Address)

Cocoa, FL 32924
(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene K Wartell at (321) 749-0050
(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

**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: Studio 2 Twenty 4 Salon, LLC

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

L15000203049

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/8/19

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

Co-owner
(Print Title)

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

ARichards

Signature of Dissociating Member or Resigning Manager

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

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