(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KIREI COSMETI	C LL C
(Name of Limited Lia	binty Company)
The enclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to:
COLLEEN STONE - MEUNIEN (Contact Person)	L
(Contact Person)	····
(Firm/Company)	
1627 BRICKELL AVE. APT. 230 (Address)	.3
MIMM1 FL 33/29 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
ELODIE BIALAIS at ((Name of Contact Person) (A	954) 907 - 8807
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the I \$25 Filing Fee \$3.5	Florida Department of State for: 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)



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 l	imited liability company as it appears on the records of the Florida Department
of State is:K	IREI COSMETIC
2. The Florida docum	ment/registration number assigned to this limited liability company is:
L150002	10978
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: <u>HARCH</u> 20, 2017
4. I, <u>COLLEE IY</u> Print Na	* STONE - MEUNIER, hereby withdraw/resign as a me of Person Resigning)
HEMBE.	
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
lelle	Handi
Signature of Dis	sociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Ontional)