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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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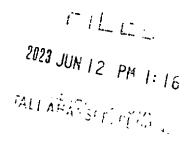
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COVER LETTER

TO:	_	stration Section		
	Divis	sion of Corporations		
SUBJ	ECT:	My Barbershop LLC		
		(Name of Lir	nited Liability Co	ompany)
The et	nclosec	l member, resignation or dissoc	riation and fee	(s) are submitted for filing.
Please	e return	all correspondence concerning	g this matter to	:
Emilio	Aguiler	u		
		(Contact Person)		_
N/A				
		(Firm/Company)		_
7811 N	W 46th	СТ		
		(Address)		 ,
Lauder	hill/Flor	ida 33351		
		(City/State and Zip Code)		
For fu	rther ir	nformation concerning this mat	ter, please call	:
Emilio	Aguiler	a	954 at (6529355
	(N.	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable	to the Florida	Department of State for:
□ \$25	5 Filing	ş Fec	■ \$55 Filin	ng Fee & Certified Copy
	Mailin	g Address: -		Street Address:
	_	tration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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)

	he limited liability company as it appears on the records of the Florida Department Barbershop LLC
	ocument/registration number assigned to this limited liability company is:
3. The date this	nember/manager withdrew/resigned or will withdraw/resign is:
4. I. Emilio Aguile	ra, hereby withdraw/resign as a t Name of Person Resigning)
Manager	
	(Print Title)
of this limited resignation in	iability company and affirm the limited liability company has been notified of my writing.
- Time	
Signature of	Associating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)