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J. HARRIS

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Southern Roots Salon & Spa, 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:
Anne Cochran
Southern Roots Salon + Spa, LLC (Firm/Company)
4522 E. Hwy 20 (Address)
Niceville FL 32578 (City/State and Zip Code)
For further information concerning this matter, please call:
Anne Cochran at (904) 9663 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$\square\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle 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)

_	nited liability company as it appears on the records of the Florida Dep Thern Roots Salon and Spa, LUC	artme	nt 		
2. The Florida docum	ent/registration number assigned to this limited liability company is:				
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 2.2.	17	-		
4. I, Taya (Prihi Nam	Hammes, hereby withdraw/resign as a e of Person Resigning)				
<u> </u>	int Title)				
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.					
		17 EEB-1	3508E1		
	ociating Member or Resigning Manager	0	ARY OF		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	PH 4: 30	SIATE		