

L16000088689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

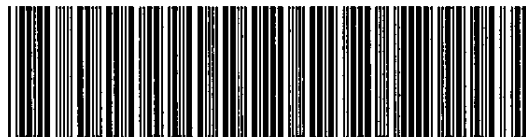
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAY 25 P 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2016

J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOHO HOUSE 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:

Lisa Michele Sanford

(Contact Person)

BOHO HOUSE SALON LLC

(Firm/Company)

1969 6th Ave SE

(Address)

Vero Beach FL 32962

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Michele Sanford

714

501-7194

at ( )

(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

FILED  
2016 MAY 26 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: **BOHO HOUSE SALON LLC**

2. The Florida document/registration number assigned to this limited liability company is:  
**L16000088689**

3. The date this member/manager withdrew/resigned or will withdraw/resign is: **5/5/2016**

**Eric Sanford**  
4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

**Manager**

\_\_\_\_\_  
(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)

**FILED**  
2015 MAY 26 P 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA