<u>LI600108413</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2018

JENNIFER HULSE 279 GOLF CLUB DR KEY WEST, FL 33040

SUBJECT: PRANA SPA LLC Ref. Number: L16000108413

We have received your document for PRANA SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter the date member/manger withdrew from company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 918A0000823



COVER LETTER

TO: Registration Section Division of Corporations

Prana Spa LLC

SUBJECT:

(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:

Jennifer L. Hulse

(Contact Person)

The Hulse Law Office PA

(Firm/Company)

279 Golf Club Drive

(Address)

Key West, FL 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

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 co	mpany as it appears on the records of the Florida Department
Prana Spa, LLC	
of State is:	<u>v</u>
2. The Florida document/registration r L16000108413	number assigned to this limited liability company is:
 The date this member/manager with Melissa Chafkar 	ndrew/resigned or will withdraw/resign is: 1418
	, hereby withdraw/resign as a
(Print Name of Person Resign	ing)

Member

ł

(Print Title)

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

At Defer

Signature of Dissociating Member or Resigning Manager

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

