

L16000 111755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

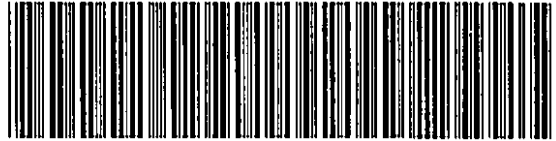
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/20--01006--011 +\$25.00

2020 MAY 18 PM 3:25

O SIMMONS

MAY 19 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 10 PM 12:13

March 26, 2020

ANGELA DELGADO
666 SE 10TH ST
STE 201
DEERFIELD BEACH, FL 33441

SUBJECT: LSD AND MG SALON LLC
Ref. Number: L16000111755

We have received your document for LSD AND MG SALON 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 correct document to reflect the name of manager as listed in our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00006722

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSD AND MG 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:

ANGELA DELGADO CPA

(Contact Person)

ANGELA DENISE DELGADO CPA PA

(Firm/Company)

665 SE 10TH STREET SUITE 201

(Address)

DEERFIELD BEACH FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA DELGADO CPA 954 571-4090

(Name of Contact Person) at (_____) (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

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



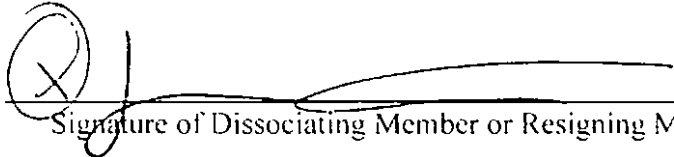
2020 MAY 18 PM 3:25

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: LSD AND MG SALON LLC
2. The Florida document/registration number assigned to this limited liability company is:
L160000111755
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JAN 1 2020
4. I, Believe in Gold Inc, 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)