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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

TO:	Registration Section			
	Divis	sion of Corporations		
SUBJ	ECT:			
		(Name of	Limited Liability C	ompany)
The er	nclosed	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to) :
Sanda .	Alexand	lru		
	.,,	(Contact Person)	- 	
		(Firm/Company)		_
		(TimeCompany)		
689 86	th Street	t		
		(Address)	 -:	
Brookl	yn, NY	11228		
		(City/State and Zip Code)		
For fu	rther in	nformation concerning this n	natter, please call	1:
Sanda /	Alexand	lru	718 at (419-1411)
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab	ole to the Florida	Department of State for:
	5 Filing			ng Fee & Certified Copy
		ng Address:		Street Address:
Registration Section				Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, 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)

	e limited liability company as Day Spa LLC	s it appears on the records of the Florida Department
		ssigned to this limited liability company is:
Sanda Alexandr	u Name of Person Resigning)	igned or will withdraw/resign is: Aug. 19. 2021, hereby withdraw/resign as a
<u>-</u>	(Print Title)	
of this limited lia resignation in wi	bility company and affirm the iting.	e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	FILE 2021 AUG 31 AL SECTION STATE OF TALL MASSEE