

L16000 232091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

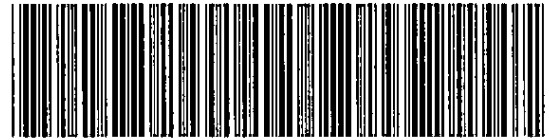
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -6 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2020

BRITTNEY BOCCANFUSO
3672 2ND ST
ST AUGUSTINE, FL 32086

SUBJECT: CAVABRI, LLC
Ref. Number: L16000232091

We have received your document for CAVABRI, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

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: 320A00001935

2020 FEB -6 AM 10:57

REC'D - 30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cavabri, 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:

Brittney Boccanfuso

(Contact Person)

Do or Dye Color and Beauty Bar

(Firm/Company)

3672 2nd Street

(Address)

Saint Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittney Boccanfuso

at (904) 806-8786

(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

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



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: Cavabri, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000232091

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/20

4. I, Brittney Boccanfuso, 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.

Brittney Boccanfuso
Signature of Dissociating Member or Resigning Manager

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

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2020 FEB - 6 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FL