

L170000 11787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2019 DEC -6 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

O SIMMONS

JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kalyn Strube Aesthetics 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:

Kalyn Strube
(Contact Person)

Kalyn Strube Aesthetics LLC
(Firm/Company)

675 Lake Harbor Cr
(Address)

Orlando FL 32809
(City/State and Zip Code)

For further information concerning this matter, please call:

Kalyn Strube at (321) 278-0327
(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



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)

FILED
2019 DEC 16 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Kalyn Strube Aesthetics LLC

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

L17 000011787

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/20/2019

4. 1. Michelle A Dreil, esq., hereby withdraw/resign as a
(Print Name of Person Resigning)

Managing Member
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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