

L17000037975

(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



000352072080

09/16/20--01016--005 **25.00

FILED

2020 SEP 16 PM 3:20

CLERK OF STATE
TALLAHASSEE, FL

8Q 10/21/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Danielle Collins LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Collins

Name of Person

Danielle Collins LLC dba The Salon Ember

Firm/Company

4402 Tradewinds Drive

Address

Jacksonville Beach FL 32250

City/State and Zip Code

TheSalonEmber@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Collins

904

705-6355

at ()

Name of Person

Area Code

Daytime Telephone Number

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: Danielle Collins LLC

2. The Florida document/registration number assigned to this limited liability company is:
117000037975

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

4. I, Stephen Collins, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative

(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)

FILED
2020 SEP 16 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FL