117000055776

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Endy Hume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000315288390

07/02/18--01001--028 **25.00

7/3/1800

COVER LETTER

TO:		stration Section sion of Corporations				
SUBJE	ECT:	RENARIS BEAUTY CE	ENTER, LLC.			
		(Name	of Limited Liability	Company)		
The end	closec	d member, resignation or d	issociation and fe	ec(s) are submitted	for filing.	
Please i	return	all correspondence concer	ming this matter t	to:		
JOHNI	NY M	IATTHEW			•	PRINT JUL
·	_	(Contact Person)			• •	
MATTI	HEW	S & ESTRELLA, PA			•	L - 2
		(Firm/Company)			•	>
1399 N	₩ 1	7TH AVE # 308				H: 42
		(Address)			;•	~
MIAMI	FL 3	3125				
·		(City/State and Zip Code)				
For furt	her in	formation concerning this	matter, please cal	II:		
JOHN	NY M	ATTHEW	786 at (4881157		
	(Na	nne of Contact Person)		de & Daytime Telep	hone Number)	-
Enclose∈ □ \$25 F	d plea Filing	ise find a check made paya Fee	ble to the Florida	Department of Sta	te for: Copy	
Registra Division Clifton I 2661 Ex	ition S n of C Buildi ecutiv	orporations		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	tion porations	

CR2E079 (2/14)



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)

				걾	, m. enf
1. The name of the	e limited liability company as	it appears on the records o	f the Florid	la De par	ıment
of State is:	NARIS BEAUTY CENTER,	LLC.	·- ·	լ -2	
2. The Florida doc L1700005577	ument/registration number as	signed to this limited liabil	lity compan		
		·	- '	ر: <u>۲</u>	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resi	gn is:	52018	
4. 1, SEVERINO	ESCARLETT E Vame of Person Resigning)	, hereby withdraw/res	ign as a		
MGRM	,				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been n	otified o	f my
Aug.					
Signature of D	ssociating Member or Resign	ning Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				