## 17000064712

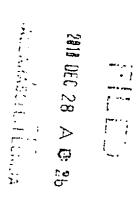
(R	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

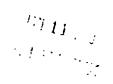
Office Use Only



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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations COLOMBIAN ESTHETIC LLC SUBJECT: (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: SANDRA JARAMILLO (Contact Person) COLOMBIAN ESTHETIC LLC (Firm/Company) 628 E VINE STREET (Address) KISSIMMEE, FL. 34744 (City/State and Zip Code) For further information concerning this matter, please call: 407 SANDRA JARAMILLO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Feg\_& Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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)

	limited liability company as OMBIAN ESTHETIC LLC		ords of the Fl	orida De	epartment
2. The Florida doc L1700006471	ument/registration number as	ssigned to this limited	liability con	ipany is	:
	mber/manager withdrew/res URUSHINA Tame of Person Resigning)				018
SECRETARY					
resignation in wr	Funding		npany has be	en notifi 2010 OEC	ied of my
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning stanager	# 17 mm	28 A 🔁 2	