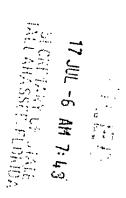
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Beauty Solutions USA 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:				
Raska Shelbaya (Contact Person)				
Beauty Solutions USA LLC (Firm/Company)				
1000 E Atlantic blud (Address)				
Pompano Poeach, FL 33060 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Pagha Shalbuya at (				
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\\$25 \text{ Filing Fee} \square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314				

CR2E079 (2/14)

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)

_	nited liability company as it a		e Florida Department
of State is:	pauty Solutions	5 USA LLC	· · · · · · · · · · · · · · · · · · ·
2. The Florida docum	ent/registration number assig	ned to this limited liability	company is:
L170000	777081	·	
3. The date this memb	oer/manager withdrew/resigno	ed or will withdraw/resign i	is: <u>05/12/20/</u> 7
	DevasiO e of Person Resigning)		
Manage	int Title)		
of this limited liabil resignation in writin	ity company and affirm the li	mited liability company has	s been notified of my
Signature of Disso	ociating Member or Resignin	g Manager	35 P P S S S S S S S S S S S S S S S S S
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		6 AM 7:43