

L17000 139907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

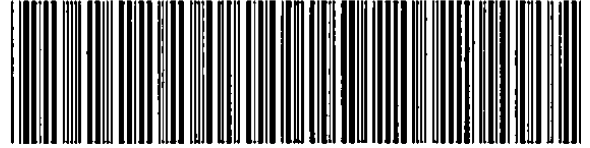
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332494073

08/02/19 01:00 - 012 **25.00

2019 AUG -2 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 2, 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I-BELLA SPA WELLNESS CENTER, 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:

JHON RODRIGUEZ

(Contact Person)

JIREH MULTISERVICES LLC

(Firm/Company)

3095 S MILITARY TRAIL STE 4

(Address)

LAKE WORTH FL 33463

(City/State and Zip Code)

For further information concerning this matter, please call:

JHON RODRIGUEZ

(Name of Contact Person)

at (561) 574 9110

(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

2008 AUG -2 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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)

2019 AUG -2 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: I-BELLA SPA WELLNESS CENTER, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000139907
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/17/2019
4. I, TRINIDAD, SHIRLEY S, hereby withdraw/resign as a
(Print Name of Person Resigning)
SECRETARY
(Print Title)

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

Shirley Trinidad
Signature of Dissociating Member or Resigning Manager

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