U17000 211857

(Requestor's Name)						
(Address)						
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(
(Document Number)						
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TALLAHASSE PERSAN

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	ECT: B Glam Hair Salon LLC		
	(Name of L	Limited Liability Co	mpany)
The er	nclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please	return all correspondence concernir	ng this matter to:	
Maria	no Santiesteban		
	(Contact Person)		_
B Gla	ım Hair Salon LLC		
	(Firm/Company)		_
18500	0 NW 62 Ave, Apt 101		
	(Address)		_
Hiale	ah, FL 33015		
	(City/State and Zip Code)		_
For fu	orther information concerning this ma	atter, please call:	
Maria	ano Santiesteban	786	255-0318
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payabl 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Tallah	assee, Florida 32301		

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)

	limited liability company as RIDA	it appears on the records of the l	Florida Departme	ent
2. The Florida doct L1700021185	_	ssigned to this limited liability co	ompany is:	
The date this member/manager withdrew/resigned or will withdraw/res			03/30/2018	_
MARIANO I	SANTIESTERAN	, hereby withdraw/resign as		
MANAGER				
	(Print Title)			
resignation in wr	iting.	e limited liability company has b	= 1	-
Signature of D	ssociating Member or Resign	ning Manager	ALLAHASSEE	F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		3 AM 10:	FILED