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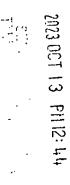
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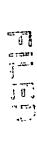
Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** celeste salon and spa 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: Stephanie Dicken (Contact Person) Celeste Salon and Spa (Firm/Company) 7621 sw hwy 200, unit 102 (Address) Ocala, Fl 34476 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 509-4483 (Area Code & Daytime Telephone Number) Stephanie Dicken (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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)

. Celes		appears on the records of the Florida Department
		ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigno	ed or will withdraw/resign is:
Vicki C Subar	Jame of Person Resigning)	<u> </u>
Manager		
of this limited lia resignation in wr	(Print Title) bility company and affirm the liting.	mited liability company has been notified of my
Signature of D	issociating Member or Resigning	g Manager PH 7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	