

L17000264642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

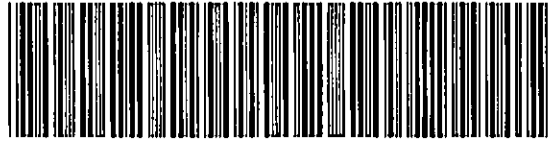
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900308952309

02/12/18--01014--017 **25.00

FILED
18 FEB 13 PM 1:18
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 14 2018



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SWEET TEASE SALON AND SPA, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000264642

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/11/2018

4. I, JOHN E. CRAWFORD, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

DocuSigned by:

John Crawford

Signature of Dissociating Member or Resigning Manager

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

FILED
18 FEB 13 PM 1:18
TALLAHASSEE
FLORIDA