18000205897

(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:
wrong form

Office Use Only



200318455382

09/20/18--01009--024 **35.00

18 0CT 24 AM 10: 28

SECHETARY OF STATE

Rasignation

OCT 25 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fade Mastes of Micani 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:
Winico losos (Contact Person) (Contact Person) (Firm/Company)
2950 S Date Huy April 402 pp
Miniful 33137 (City/State and Zip Code)
For further information concerning this matter, please call:
Winited Lands at 186) 715-7573 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Cortified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301



September 20, 2018

IDANIA DE LOS ANGELES FADE MASTERS OF MIAMI, LLC 3172 NW 7TH STREET MIAMI, FL 33125

SUBJECT: FADE MASTERS OF MIAMI, LLC

Ref. Number: L18000205897

We have received your document for FADE MASTERS OF MIAMI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 518A00019670

Diane Cushing Senior Section Administrator

OBOCT 24 PM 1 SECKET/

RECEIVED



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)

	imited liability company as it appears on the records of the Florida Department
of State is: Fac	de masters of mi.mi LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L 120002	05.897
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: 10-18-18
4. I. Vivicio 1	A COS
VP	\$\$\frac{1}{2}\$
	Print Title)
of this limited liabi resignation fin writi	lity company and affirm the limited liability company has been notified 🕻 m 🚊
- Mauro	E.
Signature of Diss	sociating Member or Resigning Manager
Filing Fee:	· -
Certified Copy:	\$30.00 (Optional)