## 1190000 39186

(Requ	estor's Name)				
(Addre	ess)				
·	·				
(Acidre	ess)				
(City/S	State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL			
(Busin	ness Entity Na	me)			
(Business Entry Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



800325848258

U3/13/19--U1U05--U2/ →→25.0U

MAR 23 2019

S. YOUNG

19 NAR 13 PN 4: 2 SEOR DAY OF STATE ALLAHASSLE, FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
	·		
SUBJ			
	(Name of Lim	nited Liability Con	mpany)
The en	nclosed member, resignation or dissoci	ation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
ERIK	A TALLA IZAGUIRRE		
-	(Contact Person)		<del>-</del>
GOLI	DEN HAIR AND NAILS BAR LLC		
	(Firm/Company)	· <del></del> ··· ·	_
1237	7 S CLEVELAND AVE STE 10		
	(Address)		<del>-</del>
FOR	T MYERS/FLORIDA 33907		
	(City/State and Zip Code)		_
For fu	rther information concerning this matte	er, please call:	
ERIK	A TALLA IZAGUIRRE	239	895-3615
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to Filing Fee		Department of State for: g Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
_	ration Section on of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
Cliftor 2661 E	n Building		

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)

1. The name of the	limited liability company as	s it appears on the records	of the Florida Department
of State is:	LDEN HAIR AND NAILS E	BAR LLC	·
2. The Florida doc L190003918	ument/registration number a	ssigned to this limited liab	pility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	02/09/19 sign is:
4. I, LESLIE TAL	LA IZAGUIRRE  Vame of Person Resigning)	, hereby withdraw/re	esign as a
AMBR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	ne limited liability compan	19 1
Signature of D	ssociating Member or Resig	ming Manager	MAR 13
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 4: 25 FLOAD