

L19000100388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

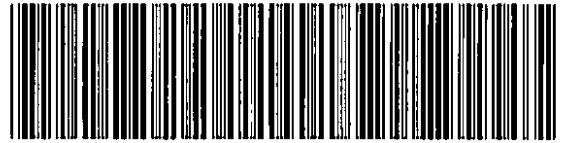
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/19--01007--029 **55.00

APPROPRIATE OFFICE
TALLAHASSEE, FLORIDA

2019 SEP 13 PM 02 29

FILED

SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELLEZA SALON AND SPA, 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:

ANNERYS C. DIAZ

(Contact Person)

BELLEZA SALON AND SPA, LLC

(Firm/Company)

1841 NW 123 AVE

(Address)

PEMBROKE PINES, FL. 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNERYS C. DIAZ

(Name of Contact Person)

at (754) 273 2388

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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)

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

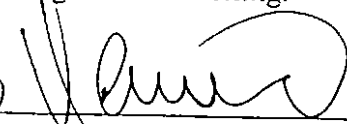
2. The Florida document/registration number assigned to this limited liability company is:
L19000100388

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/10/2019

4. I, VERONICA BATISTA, hereby withdraw/resign a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

⑧ 

Signature of Dissociating Member or Resigning Manager

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