

K20 0000 51719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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)

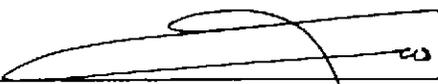
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: RIVERVIEW BARBERSHOP LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000051719

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/31/2021

4. I, SAAD FAHEM, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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DIVISION OF CORPORATIONS  
FLORIDA

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