## LZO 000 106 372

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		
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## **COVER LETTER**

Division of Corporations		2020 mm of Alt 1: 16
VIVACE COLOR SALON, LL SUBJECT:	.C	
SUBJECT: (Name of	of Limited Liability Cor	mpany)
The enclosed member, resignation or di	ssociation and fee(s	s) are submitted for filing.
Please return all correspondence concer	ming this matter to:	
Sandra Mulvchill		
(Contact Person)		_
VIVACE COLOR SALON, LLC		
(Firm/Company)		-
10 Weber Lane		
(Address)		_
Palm Coast, FL 32164		
(City/State and Zip Code)		_
For further information concerning this	matter, please call:	
James Mulvehill	386 at (	237-1066
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made pay.  \$\begin{align*} \begin{align*} ali		Department of State for: g Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 Jun 10 Ph H: 37

June 9, 2020

SANDRA MULVEHILL 10 WEBER LANE PALM COAST, FL 32164

SUBJECT: VIVACE COLOR SALON, L.L.C.

Ref. Number: L20000106372

We have received your document for VIVACE COLOR SALON, L.L.C., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

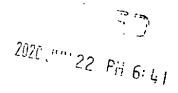
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 620A00011381





## 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	e limited liability company as it appears on the records of the Florida Department
of State is: VIV	ACE COLOR SALON, L.L.C.
2. The Florida doc L20000106362	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	
Manager	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Phil	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Ontional)