L20000 172 145

(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:

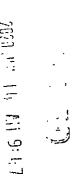
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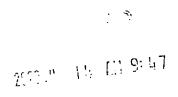
COVER LETTER

Division of Corporations
SUBJECT: Palm beach Skin and Beauty (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:
Bridget Ortega Palm Beach Stinand Beauty (Firm/Company)
6857 Sugarloof Key St
Lakeworth FL 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
Bridgetty tege at (954) 899-2291 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section





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 l	imited liability company as it appears on the records of the Florida Department Palmboach Skin and Beauty LLC
2. The Florida docur	ment/registration number assigned to this limited liability company is:
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is 27-2-2022
4.1. Jacen	me of Person Resigning), hereby withdraw/resign as a
Men	Print Title)
of this limited liabi	ility company and affirm the limited liability company has been notified of my ing.
//arin	ue house
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)