

120 000363855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

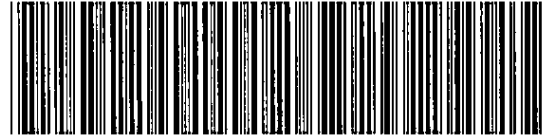
(Business Entity Name)

(Document Number)

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2021 FEB 19 AM 11:30
FEB 19 2021

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FEB 19 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2021

LORETA SUAREZ VALDES TORIZA
8903 REGENTS PARK DR
STE 130
NEW TAMPA, FL 33647

SUBJECT: AROMATHERAPY PARADISE SPA, LLC
Ref. Number: L20000363855

We have received your document for AROMATHERAPY PARADISE SPA, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00002505

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aromatherapy Paradise 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:

Loreta Suarez Valdes Toriza

(Contact Person)

Aromatherapy Paradise Spa, LLC

(Firm/Company)

3605 Royalty Court

(Address)

Tampa, Florida 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

Loreta Suarez

(Name of Contact Person)

at (813) 379-5214

(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

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



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SECRETARY OF STATE
TALLAHASSEE, FL

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: Aromatherapy Paradise Spa, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000363855

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2021

4. I, Ronnie A. Munoz, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Representative

(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

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