## LZ1 0000 86139

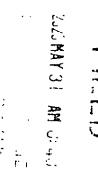
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	• • • •	s it appears on the records of Medspall C		Department
L2100	0086139	assigned to this limited liabili		,
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resig	n is: <u>5/</u>	25/23
4.1, Romain		, hereby withdraw/resig		
Mana	Print Title)			
of this limited liab resignation in writ	• •	he limited liability company l	has been not	ified of my
1				
Signature of Dis	sociating Member or Resig	gning Manager		HAY CLL
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		: : :	31 Am (1:4)

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: La Maison Noir Mea (Name of Limited Liability Con	dspa-	
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Romainda Lubin (Contact Person)	-	
(Firm/Company) 6356 Cobble Bliss Sheet (Address)	E TANK 3	L COM
Zephyrhills FZ 33541 (City/State and Zip Code)		
For further information concerning this matter, please call:	r. £.	
Romainda Lubin at (813 (Area Code	) 469-0159 & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida D \$25 Filing Fee ☐ \$55 Filing	Pepartment of State for: 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	

CR2E079 (2/14)

Post Same