## L21000173940

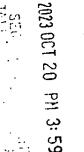
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					
I LINIU					





000417506880

10/20/23--01025--010 \*\*25.00





## **COVER LETTER**

_	istration Section sion of Corporations				
SUBJECT:	KARINA BEAUTY SALON, LLC (Name of Limited Liability Company)				
SUBJECT					
The enclose	ed member, resignation or dis	ssociation and fee(s	s) are submitted for filing.		
Please retur	n all correspondence concerr	ning this matter to:			
LUIS BENDI	СНО				
	(Contact Person)		_		
	(Firm/Company)	<del></del>	_		
	(Address)				
	(City/State and Zip Code)		_		
For further	information concerning this r	matter, please call:			
GARCIA DIA	AZ, KARINA	305 at (	539-8488		
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed ploma \$25 Filing	ease find a check made payal ng Fee		Department of State for: g Fee & Certified Copy		
	ing Address: istration Section		Street Address: Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



## 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)

CG KAR	e limited liability company as		the Florida Department
	ument/registration number as:		ty company is:
LHIS RENDICI	ember/manager withdrew/resignO	_	
AMBR, AP	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the siting.	: limited liability company h	20
Signature of D	issociating Member or Resign	ning Manager	P N
	\$25.00 (Required) \$30.00 (Optional)		(A) <b>(A)</b>