LZI 000208590

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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2021 JUN 18 PM 1:37 SECRETARY OF STATE

COVER LETTER

TO:		stration Section ion of Corporations		
SUBJI	ECT:	ESTE BEAUTY SALON LLC (Name of Limit	red Liability Co	nmpany)
TT1 .	1 1		,	
The en	iciosed	l member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return	all correspondence concerning the	his matter to:	:
OLGA	ТІМСН	IENKO		
		(Contact Person)	<u> </u>	-
Eg	10	Beauty Salon (Firm/Company)	LLC	
7611 H	ILLTOI	PDR		
		(Address)		_
LAKE	WORTH	H, FL 33463		
		(City/State and Zip Code)		-
For fur	ther in	formation concerning this matter	, please call:	
IRINA :	HARVE	EY	206 at (313-2821)
	(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclose		ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy
	Regist Divisi P.O. E	g Address: tration Section on of Corporations Box 6327 tassee, FL 32314		Street Address: 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)

	e limited liability company as E BEAUTY SALON LLC	it appears on the records of the	e Florida Department
2. The Florida do- 1.21000208590	cument/registration number as	ssigned to this limited liability o	company is:
ALEKSANDD	VIIIDIN	igned or will withdraw/resign is, hereby withdraw/resign a	
MGR	Manager. (Prim Title)		2021 SEC TA
of this limited lia resignation in w	ability company and affirm the riting.	e limited liability company has	ARY HAS
Signature of D	issociating Member or Resign	ning Manager	PH 1:37 SEE. PAIC
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		