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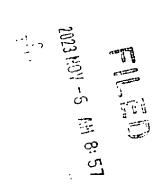
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COVER LETTER "

TO: Registration Section Division of Corporations	
SUBJECT: Identiti Beauty LLC	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Daniela Botero	
(Contact Person)	
Identiti Beauty LLC	
(Firm/Company)	
1142 N Venetian Drive	
(Address)	
Miami, FL 33139	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Daniela Botero	646 3859382 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for: ☐ \$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



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)

	limited liability company as it it Beauty LLC	appears on the records of the Flori	da Department
2. The Florida docu L22000056240	ument/registration number assig	gned to this limited liability compa	ny is:
4. I. Annette Klam	'ame of Person Resigning)	ned or will withdraw/resign is:	0/2023 7023 1:04 - 6
of this limited lia	(Print Title) bility company and affirm the l	imited liability company has been	notified of my
resignation in wr	/. 		
Signature of Di	issociating Member or Resignir	ng Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		