## L22000155424

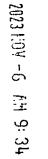
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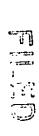
Office Use Only



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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Mu Mace (Name of Limit	Deauty wings
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Higans Brown	
(Contact Person)	1
Ilw Meye Beauty (Firm/Company)	-lange
189015W167+	er
Mi ormi Pl 3315 (City/State and Zip Code)	7
For further information concerning this matte	r, please call:
Tuty (Min. Brum (Name of Contact Person)	at (786) 344-5344 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to  ☐ \$25 Filing Fee	the Florida Department of State for:  \$\Boxed\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
F.O. DOX 0347	THE CERTIC OF FAITABLESSEE

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314



## 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:  2. The Florida document/registration number assigned to this limited liability company is:	
2. The Florida document/registration number assigned to this limited liability company is:	
L222000155424	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $0+31202$	23
4. 1. Hereby withdraw/resign as a (Print Name of Person Resigning), hereby withdraw/resign as a	
(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)	