

L22000270296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

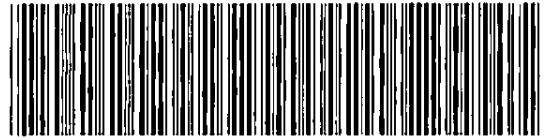
(Document Number)

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FALLIN - 2023-10-24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Grenas Dominican Salon & SPA LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Maria Cabreara

(Contact Person)



(Firm/Company)

11837 SW 273rd LN

(Address)

Homestead FL 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Cabrera

at (786) 614-3440

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 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: Grenas Dominican Salon & SPA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000270296

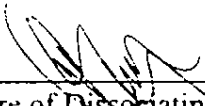
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/07/2023

4. I, Jose Luis Gomez, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(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)

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2023 OCT 24 PM 12:32  
STATE OF FLORIDA  
TALLAHASSEE