L22000285045

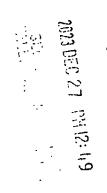
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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

Office Use Only



400420922684

12/27/23--01036--010 **25.00



COVER LETTER

| | sion of Corporations | | | | | |
|---|-------------------------------------|------------------|--|--|--|--|
| SUBJECT: | Indigo Beauty Spa LLC | | | | | |
| 000000000000000000000000000000000000000 | (Name of Limited Liability Company) | | | | | |
| The enclosed | d member, resignation or dissoci | ation and fee(s | s) are submitted for filing. | | | |
| Please return | all correspondence concerning | this matter to: | | | | |
| Wanda Cruz | | | | | | |
| | (Contact Person) | | _ | | | |
| | (Firm/Company) | | _ | | | |
| 17107 N Bay F | ₹d, Apt C404 | | | | | |
| | (Address) | | _ | | | |
| Sunny Isles Be | each, Florida 33160 | | | | | |
| | (City/State and Zip Code) | | _ | | | |
| For further in | nformation concerning this matt | er, please call: | | | | |
| Isaac Furman, | Esq. | 321 _ at (| 298-1941 | | | |
| (N | lame of Contact Person) | (Area Code | & Daytime Telephone Number) | | | |
| • | ease find a check made payable t | | | | | |
| ■ \$25 Filing | g Fee | □ \$55 Filing | g Fee & Certified Copy | | | |
| Regis | ng Address: stration Section | | Street Address: Registration Section | | | |
| | sion of Corporations Box 6327 | | Division of Corporations The Centre of Tallahassee | | | |
| | hassee. FL 32314 | | 2415 N. Monroe Street. Suite 81 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)

| 1. The name of the | limited liability company | y as it appears on the records of | the Florida | n Depar | tment |
|--|---------------------------|--------------------------------------|-------------|----------|--------------------|
| of State is: Indig | o Beauty Spa LLC | | | | · |
| 2. The Florida doc | ument/registration numbe | er assigned to this limited liabilit | y company | y is: | |
| L22000285045 | | · | | | |
| 3. The date this me | ember/manager withdrew/ | /resigned or will withdraw/resign | n is: | nber 23, | 2023 |
| Wanda Cruz | | , hereby withdraw/resig | n as a ? | 2023 | |
| (Print N | lame of Person Resigning) | | | 邑 | ÜÜ |
| Manager | | | • • • | 627 | - 2011) - 2011) |
| | (Print Title) | _ | | 70 | 5 5 3 |
| of this limited lia resignation in wr | | n the limited liability company h | nas been no | | of my |
| Wanda Cruz 62655 1654506164 | | | | | |
| Signature of D | issociating Member or Re | esigning Manager | | | |
| • | \$25.00 (Required) | | | | |
| Certified Conv. | \$30.00 (Ontional) | | | | |