

L22 000 333 674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

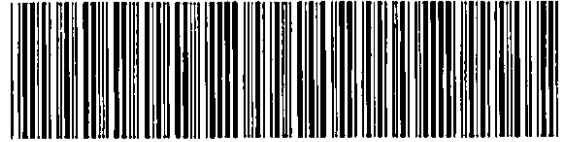
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100407384281

05/01/23 10:11N --028 \$650.00

6/30/23  
VW

FILED  
2023 MAY -1 AM 11:53  
STATE  
SCHOOL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Soul 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:

Mary LaValle

(Contact Person)

Soul Spa, LLC

(Firm/Company)

6158 SW STATE RD #200

(Address)

Ocala, FL 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary LaValle

at (352) 274-5071  
(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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Soul Spa, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000333674

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/20/2023

4. I, James L LaValle, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2023 MAY - 1 AM 11:53  
STATE  
TALLAHASSEE