

L23 0000 30369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

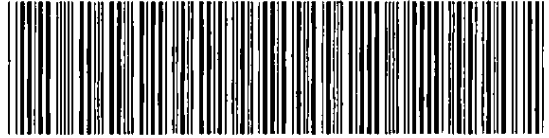
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUN -9 PM 6:07

SECRETARY OF STATE  
TALLAHASSEE, FL

*Wuf*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

COLOMBIAN HUMAN HAIR LLC

**SUBJECT:** \_\_\_\_\_  
(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:

ALFREDO MERCADO

\_\_\_\_\_  
(Contact Person)

PRIME TAX SOLUTIONS LLC

\_\_\_\_\_  
(Firm/Company)

50 N LAURA ST STE 2500

\_\_\_\_\_  
(Address)

JACKSONVILLE, FL 32202

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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  
COLOMBIAN HUMAN HAIR LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
123000050569  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/22/2023  
ANA S FERRAS CONCEPCION

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR  
\_\_\_\_\_  
(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)

**FILED**  
**2023 JUN -9 PM 6:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**