

123000325361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

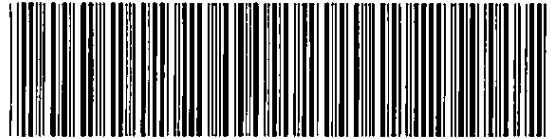
(Document Number)

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

Special Instructions to Filing Officer:

MBR Resign

Office Use Only



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S. CHATHAM

SEP 16 2023

08/18/23--01017--001 \*\*\*

2023/09/18 PM 12:37



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023/03/18 PM 12:37

**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: GREEN CUORE SALON SPA LLC

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

L23000325361

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/04/2023

4. I, EVE SILVEIRA RODRIGUEZ 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 of Dissociating Member or Resigning Manager

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GREEN CUORE 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:

EDNA SILVEIRA LANCHEROS  
(Contact Person)

GREEN CUORE SALON SPA LLC  
(Firm/Company)

9205 SW 5TH STREET A  
(Address)

BOCA RATON - FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDNA SILVEIRA LANCHEROS, 754, 246-8273  
(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