## MEE COCHISUP

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## **COVER LETTER**

TO: Registration Section Division of Corporations

Lorrair SUBJECT:	ne Aprile Salon, LLC					
SUBJECT:	(Name of For	eign Limited Liability	Company)	1-1-		
Dear Sir or Madam:						
The enclosed withdra	iwal and fee(s) are submitte	d for filing.				
Please return all corr	espondence concerning this	matter to the following	R:			
Andrew Easler or Co	olleen Hardin					
	(Name of Person)		_		15.3	
Easler Law PLLC			,		(1) 	
	(Firm/Company)		_		23	-
508 N. Harbor City	Blvd.		! !	m <sub>o</sub> ,	: 3 :3 PH 3:50	
	(Address)		- ,	₽ <b>₹</b>	55	
Melbourne, FL 3293	35			11		
	(City/State and Zip Cod	e)	_			
For further informati	on concerning this matter, p	dease call:				
Andrew Easler or Co	olleen Hardin	321 at (	206-3603			
(N:	ame of Person)		& Daytime Telephone Numb	er)		
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check	for the following amount:					
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of \$tat Certified Copy	us &		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lorraine Aprile S	aion, LLC			
·	(Name of limited liability company)			_
VA			3604 F	
	(Jurisdiction of its organization)		<del>u</del>	_
07/21/2022		ر پوسون	. <u>.</u>	
M22000011349	(Date registered with Florida Department of State)	SEE. F	PH 3:	
	(Florida Document Number)		50	_
Effective Date, (If an effective more than 90 d <b>Note:</b> If the dat	if other than the date of filing:  March 1, 2024  date is listed, the date must be specific and cannot be prior to date ays after filing.)  te inserted in this block does not meet the applicable statutory filing to be listed as the document's effective date on the Department of	_ (optio of filin g requir	g or ement	
j	LORRAINE A FLERI (Jan 13, 2024 16,46 EST)  (Signature of authorized representative)	_		
	Lorraine Fleri			
•	(Typed or printed name of signee)	_		

Filing Fee: \$25.00