

LO7000026814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

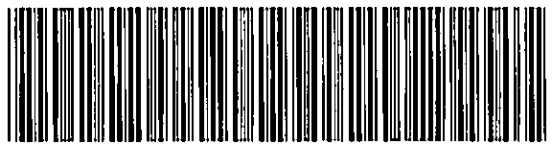
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEJEUNE HAIR AND MAKEUP ARTISTRY  
(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:

PATRICIA R LEJEUNE  
(Contact Person)

LEJEUNE HAIR AND MAKEUP ARTISTRY  
(Firm/Company)

3531 EDGEWATER DRIVE  
(Address)

ORLANDO, FLORIDA 32804  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA R LEJEUNE at ( 407 ) 414-3971  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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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: LEJEUNE HAIR AND MAKEUP ARTISTRY LLC

2. The Florida document/registration number assigned to this limited liability company is:  
LO7000026814

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/19/2018

4. I, Randy M LEJEUNE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
manager  
*(Print Title)*

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

*[Handwritten Signature]*  
Signature of Dissociating Member or Resigning Manager

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

State of Florida (County of Orange)  
The foregoing instrument was acknowledged before me on this 19 day  
of JUNE, 2018, by Randy M Lejeune  
who is personally known to me or produced State ID  
as identification.  
Signature *[Handwritten Signature]*  
Notary Public State of Florida Commission # 7  
Commission Expiration Date:                     

