

L03000042237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RAKUS 8-5-05-lem*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARMS BARBERS CLUB (USA) LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LO3000042237

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TONY F. DAVIDS  
(Name of Person)



DAVIDS INVESTMENTS INC  
(Name of Firm/Company)

753 Oak Shadows Rd  
celebration (Address)

Celebration, FL 34747  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Davids at (407) 922 9011  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

*David's Incisors Inc?*

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned

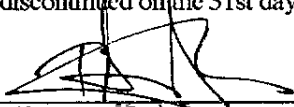
TONY F. DAVIDS, hereby resigns as  
(Name of Registered Agent)

Registered Agent for CARLS BARBERS CLUB USA LLC  
(Name of Limited Liability Company)

L03000042237  
(Document Number, if known)

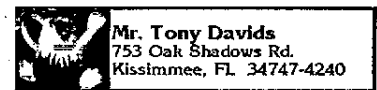
A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

TONY F. DAVIDS  
(Typed or Printed Name)  
PRESIDENT  
(Capacity)



**FILING FEES:**

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Mr. Tony Davids  
753 Oak Shadows Rd.  
Kissimmee, FL 34747-4240

To: Division of Crps.

7/25/05

Dear Sir/Madam.

Please be informed that 'Davids Investments Inc' has now sold 100% interests of Cars Barbers Club USA LLC TO

Mrs. HAYLEY KIRBY

29- 310 Grand Bay Lane  
George Town  
N. Village  
Celebration FL 34747.

Please amend your records to show that I am no longer the owner since June 22<sup>nd</sup> 2005.

Thank You

Tony Davids President