

L080000063613

(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:

Office Use Only



700248594917

700248594917
06/10/13--01028--008 **85.00

FILED
2013 JUN 10 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUN 11 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: URBAN BLONDE SALON, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000063613

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:

DAVID L. JACQUOT, ESQ
Name of Person

Name of Firm/Company

2714 HOFFNER AVENUE
Address

ORLANDO FL 32812
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. JACQUOT ESQ at (407) 4846501
Name of Person Area Code & Daytime Telephone Number

FILED
2013 JUN 10 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

DAVID L. JACQUOT. ESQ

hereby resigns as

Name of Registered Agent

Registered Agent for **URBAN BLONDE SALON, LLC**

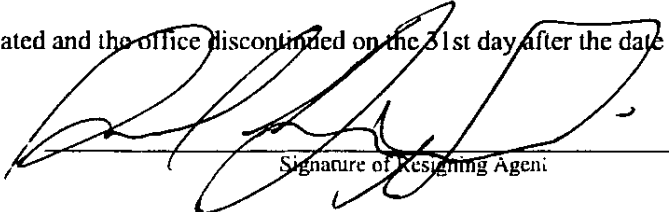
Name of Limited Liability Company

L08000063613

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:

DAVID L. JACQUOT, ESQ.

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN 10 PM 2:28

FILED

FILING FEES:

\$ 35.00 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**