

L09000096478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

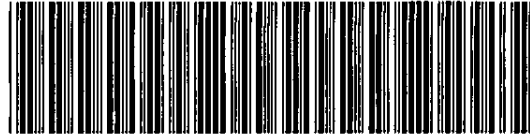
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN
JAN 11 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Masakatsu L.L.C.
Name of Limited Liability Company

DOCUMENT NUMBER: L09000096478

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:

Ruth A. Martin
Name of Person

Hairbiz
Name of Firm/Company

10122 Tranquility Way
Address

Tampa, FL 33625
City/State and Zip Code

satwstylist@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth A. Martin at (813) 962-1547
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle

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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,

Ruth A. Martin

Name of Registered Agent

, hereby resigns as

Registered Agent for Hairbiz

Masakatsu L.L.C.

Name of Limited Liability Company

L09000096478

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.

X 
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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