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Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
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SHARRY OF STATE

D. BRUCE
JAN 13-2012
EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	•
SUBJECT: Masakatsu L.L.C.	
(Name of L	imited Liability Company)
The enclosed member, managing member filing.	or manager resignation and fee(s) are submitted for
Please return all correspondence concerning	ng this matter to:
Ruth A. Martin	
(Contact Person)	
Hairbiz	12 J
(Firm/Company)	JAN HAR
10122 Tranquility Way	ASSEC P
(Address)	
Tampa, FL 33625	ORIGINAL CONTROL CONTR
(City/State and Zip Code)	*
For further information concerning this ma	atter, please call:
Ruth A. Martin	at (813) 962-1547
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable	promotion of the contract of t
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Everytive Center Circle	Tellahassaa Florida 22214

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i sakatsu L.L.C.	t appears on the records of	of the Florida Depart	ment
	ility company was organized	under the laws of:	LETARY OF STATE WHASSEE, FLORID	N-9 PH 1:18
3. The Florida docu L09000096	ment/registration number of 6478	this limited liability comp	pany is:	
4. I, Ruth A. Ma	artin ame of Person Resigning)	, hereby resign as a _6	agent /MGR (Print Title)	
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability company	has been notified o	f my
Signature of Resi	gning Member, Managing Me	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

X