

L17000010627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY  
APR 2 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Barber Chair, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFERY BISKROW  
Name of Person

Barber Chair, LLC  
Firm/Company

P.O. Box 603  
Address

Placida, FL 33946  
City/State and Zip Code

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

For further information concerning this matter, please call:

JEFFERY BISKROW at (815) 791-8377  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



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TALLAHASSEE, FLORIDA

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: Barber Chair, LLC

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

L17000010627

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/1/18

4. I, Whitney Bisgrove, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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