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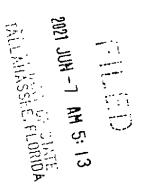
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## **COVER LETTER**

**j** .

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

SUBJECT: Hair By Hunter U.C., (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Shatashwa Hunter (Contact Person)		
Har By Hunter U.C.		
1165 Lave Victoria Drive Apt P		
West Pelm Beach, F1, 33411-1 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tayusha Juny at (56) 257-8576 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\sum \frac{1}{2}\$\$\$ \$55 Filing Fee & Certified Copy		

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**TO:** Registration Section

Division of Corporations



## 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	e limited liability company as it appears or CUC By Hunter LLC	the records of the Florida Department
_	cument/registration number assigned to thi	s limited liability company is:
4. I. Taylis Print N Authori	ember/manager withdrew/resigned or will  Name of Person Resigning)  Person (Print Title)	
resignation in wri	ibility company and affirm the limited liab riting. issociating Member or Resigning Manager	JUN -7 AM
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	5: 13 5: 13