

F1000000 4110

(Requestor's Name)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

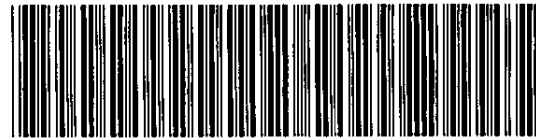
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TALLAHASSEE, FLORIDA

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**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 9/8/15

**NAME:** JOHN PAUL MITCHELL SYSTEMS INC.

**TYPE OF FILING:** WITHDRAWAL

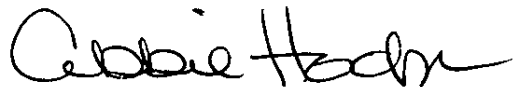
**COST:** 43.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2015

FLORIDA FILING & SEARCH SERVICES, INC.  
ATTN: ABBIE HODGE

SUBJECT: JOHN PAUL MITCHELL SYSTEMS, INC.  
Ref. Number: F10000004110

We have received your document for JOHN PAUL MITCHELL SYSTEMS, INC. and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD THE SUFFIX TO THE CORPORATE NAME ON THE WITHDRAWAL APPLICATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 015A00019016

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 SEP 11 AM 10:34

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[www.sunbiz.org](http://www.sunbiz.org)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** John Paul Mitchell Systems Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F10000004110

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Hermanson

(Name of Person)

John Paul Mitchell Systems

(Firm/Company)

20705 Centre Pointe Parkway

(Address)

Santa Clarita, CA 91350

(City/State and Zip code)

For further information concerning this matter, please call:

Karen Hermanson

(Name of Person)

at 661 298-0400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**John Paul Mitchell Systems Inc.**

(Name of Corporation)

**F10000004110**

(Document Number of Corporation (if known))

**California**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**20705 Centre Pointe Parkway**

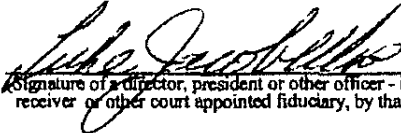
(Mailing Address)

**Santa Clarita, CA 91350**

(City/ State /Zip)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary

**09/03/2015**

(Date)

**Luke Jacobellis**

(Typed or printed name of person signing)

**President**

(Title of person signing)

**FILING FEE \$35**