#####25.00    Stian Hayes   Requester's Name   Alba   Wood Oringe Rd   Address   Wood Oringe Rd   W
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):
1. Corporation Name) (Document #)
(Corporation Name) (Document #)
2(Corporation Name) (Document #)
3(Corporation Name) (Document #)
4(Corporation Name) (Document #)
Walk in ☐ Pick up time ☐ Certified Copy  Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status ♡
NEW FILINGS  AMENDMENTS  AMENDMENTS  Profit  Not for Profit  Limited Liability  Domestication  Other  AMENDMENTS  AMENDMENTS  AMENDMENTS  SERVE AND AMENDMENTS  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS REGISTRATION/QUALIFICATION
Annual Report  Fictitious Name  Limited Partnership  Reinstatement  Trademark  Other
Examiner's Initials

CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

[,	Brian Hayes	, hereby resign as	President (Title)	and	<u>Mem</u> ber
of	N 2 Style, L.L.C. (Limited Liabil	lity Company)		-	
a limi	ted liability company organized under the la	ws of the State of	Fl.orida	1	
and a	ffirm that the limited liability company has b	een notified in writi	ng of the resigna	ition.	
	7	71			•
-	(Signature of resigning manager	managing member of	or member)	TALLAHA	OZ JAN

## FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079(10/99)

יווי מיכסטיד די מסטים