

L02000033563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

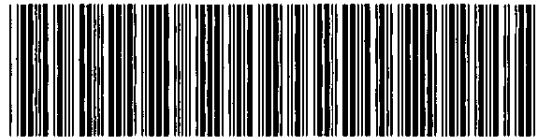
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 OCT 27 A 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 27 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JMG BEAUTY SALON LLC  
(Name of Limited Liability Company)

DBA : CROSSROADS HAIR SALON

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Donna Guitard  
(Contact Person)

Crossroads Hair Salon  
(Firm/Company)

6025 Pine Ridge Rd.  
(Address)

Naples FL. 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Guitard at (239) 289-6648  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

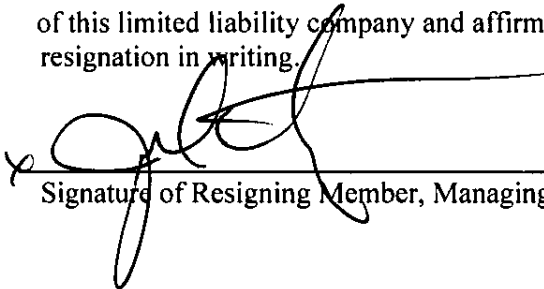
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IMG BEAUTY SALON LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L020000033563

4. I, JOHN M. GUITARA, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

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

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

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

2008 OCT 27 A 11: 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED