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SECRETARY OF STATE
AN I AHASSEE, FLORIDA



## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Tantrums Hai (Name of Limited	r Design LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Amber Foster (Contact Person)	• <del></del>
Tantrums Hair (Firm/Company)	<u>lesigh</u>
18011 S. Tamiami Tr.	٠.₹
Ft. Myers, FL 3390 (City/State and Zip Code)	<u>8</u>
For further information concerning this matter, p	blease call:
Amber Foster at (Name of Contact Person)	( <u>239</u> ) <u>822-6838</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears Tantrums Hair De			
	dity company was organized under the	laws of:		
L0500	ment/registration number of this limite	·		
4.1, <u>Brent</u>	L L, Foster , here ame of Person Resigning)	by resign as	s a <u>Manaai ng</u> (Print Title	member
of this limited liab resignation in writ	oility company and affirm the limited liting.	ability com	pany has been notif	fied of my
Bund	Sosti			
Signature of Resig	gning Member, Managing Member or	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			