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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	······
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		- 1

Office Use Only

LOS 49940



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SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tantrums Hair Design LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Amber Foster (Contact Person)
Tantrums Hair Design (Firm/Company)
180/1 S. Tamiami Trl #// (Address)
Ft. Myers, FL 33908 (City/State and Zip Code)
For further information concerning this matter, please call:
Amber Foster at (239) 822-6838 (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 \$ 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

Tallahassee, Florida 32301

CR2E079 (5/06)



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:	Tantrums	Hair	Design	LLC	至
2. This limited liabi	lity company was organiz	zed under the	Ü		THE WILL OR
3. The Florida docu	ment/registration number	r of this limit	ed liability comp	oany is:	Ď.
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	ce T. Foster ame of Person Resigning) polity company and affirm				
resignation in wri		. the initial	nuomij vempan.	, 1145 5 4 411 1161	
	gning Member, Managing) g Member or	Manager		
_	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				