

LO5000061044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

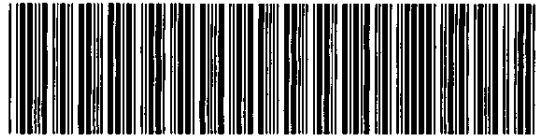
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LO5-61044

Office Use Only



200115260742

01/22/08--01037--020 **35.00

FILED
2008 FEB 26 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

FEB 26 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2008

ANITA R. GERACI, ESQ
1560 BLOXAM AVE.
CLERMONT, FL 34711

SUBJECT: SALON 27, LLC
Ref. Number: L05000061044

We have received your document for SALON 27, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 608A00008468

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 26 1:50 PM '08

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Salon 27, 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:

Anita R. Geraci, Esquire

(Contact Person)

Law Office of Anita R. Geraci, P.A.

(Firm/Company)

1560 Bloxam Avenue

(Address)

Clermont, FL 34711

(City/State and Zip Code)

For further information concerning this matter, please call:

Anita R. Geraci

(Name of Contact Person)

at (352) 243-2801

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee
*ps. \$35
franchise*

☐ \$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

2008 FEB 26 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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: Salon 27, 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
L05000061044

4. I, Anita K. Holland, hereby resign as a Managing Member
(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.

Anita K. Holland

Signature of Resigning Member, Managing Member or Manager

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

FILED
2008 FEB 26 P 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA