L06000039334

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COVER LETTER

Division of Corporations			
SUBJECT: KARLINE'S SALON A			
(Name of Lir	nited Liability Company)		
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for		
Please return all correspondence concerning	g this matter to:		
JOAN ROBERTS			
(Contact Person)			
KARLINE'S SALON AND SPA,	LLC		
(Firm/Company)			
6340 Forest Hill Boulevard			
(Address)			
Green Acres/Florida 33415			
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
JOAN ROBERTS	at (561) 236-6780		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$55 Filing Fee &		
\$25 Fining Fee	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301

TO: Registration Section



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 RLINE'S SALON AND		s of the Flo	rida Depa	artment
2. This limited liab	ility company was organized	under the laws of:		SECRETAKI TALLAHASSI	07 JAN 22
3. The Florida doce L06000039	ument/registration number of 3334	this limited liability con	npany is:	EE, FLORIDA	PH 12: 57
4. I, KIMBERL	Y WINN	, hereby resign as a	MGRM		
	ame of Person Resigning)		(Pri	int Title)	
resignation in wr	pility company and affirm the iting. gning Member, Managing Me		ny has beer	notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				