

LD600000 408000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

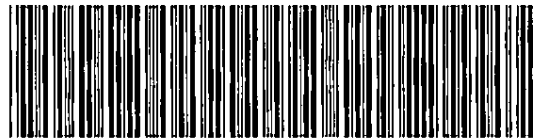
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

707

Office Use Only



900322538349

01/02/19--01002--014 ++35.00

FILED
2019 FEB -5 AM 11:27
RECEIVED
FEB 13 2019
FEB 13 2019

D. BRUCE
FEB 13 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

PATRICIA OLIVER BESHARA
340 CBL DRIVE, STE 103
ST. AUGUSTINE, FL 32086

SUBJECT: HUES HAIR SALON, LLC
Ref. Number: L06000040806

We have received your document for HUES HAIR SALON, 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) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 819A00000976

FILED
2019 FEB -5 AM 11:27
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUE HAIR SALON LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LOLE000040806

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela O. Besnard / HEREDITY
Name of Person

HUES HAIR SALON
Name of Firm/Company

14 SOLANO AVENUE
Address

ST AUG FLA 32080
City/State and Zip Code

HUESHAIRSalon@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela O. Besnard at (904) 669-3332
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PD. \$87.50

1/14

2019 FEB 11 AM 10:28 FEB -5 AM 11:27

FILED

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

PAULINE O. BERNARD / MEREDITH, hereby resigns as
Name of Registered Agent

Registered Agent for HUES HAIR SALON LLC
Name of Limited Liability Company

LD0000040806
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2019 FEB -5 AM 11:27
TALLAHASSEE FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314