

LD6000094394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

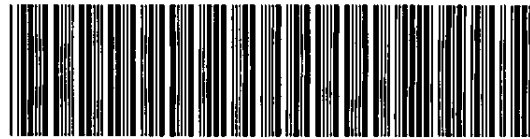
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 AUG 28 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

8/28/14 C.M.  
8-1-14

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE HAIR GARAGE LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** LOG 000094394

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William R BEAUMONT  
(Name of Person)

THE HAIR GARAGE LLC  
(Name of Firm/Company)

2550 N. STATE ST. Suite 15  
(Address)

Bunnell FL 32110  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly A. Beaumont at (386) 586-0014  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HAIR GARAGE LLC

2. The Florida document/registration number assigned to this limited liability company is:

LO6000094394

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12-31-13

4. I, William R Beaumont, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2014

WILLIAM R BEAUMONT  
THE HAIR GARAGE LLC  
2550 N. STATE ST. SUITE 15  
BUNNELL, FL 32110

SUBJECT: HAIR GARAGE LLC  
Ref. Number: L06000094394

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for HAIR GARAGE 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):

The incorrect form submitted. Must complete Dissociation of resignation of a member LLC not a coporation.

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) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 114A00016553