## 107000005122

(Requestor's Name)				
(Address)				
(				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(SSSSIIII)				
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M. THOMAS

JUN - 2 2909

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
•	
SUBJECT: The Hair & Nail Cottage, I	Liability Company)
(Name of Emitted	Elacinty Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Patricia Lanier-Niles	
(Contact Person)	TALLAHASSEE, FLURIO
Lanier Tax Service	- PER F
(Firm/Company)	1555 TO THE
6628 Hyde Grove Avenue	FL R. C
(Address)	
Jacksonville, Florida 32210	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
Patricia Lanier-Niles at	904 781-6563
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th \$25 Filing Fee	e Florida Department of State for:  \$55 Filing Fee & Certified Copy
erbret/colibled apprece.	••
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 in Hair & Nail Cottage,	= =	s of the Florida Department
2. This limited liab	oility company was organized t	under the laws of:	WAY OF STATE
3. The Florida doc L0700000	ument/registration number of t 5122	his limited liability cor 	mpany is:
4. I, Angelique	M. Brannan  Jame of Person Resigning)	, hereby resign as a	Manager Member (Print Title)
of this limited lia resignation in wr	bility company and affirm the	limited liability compa	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		