

LOT 000015117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

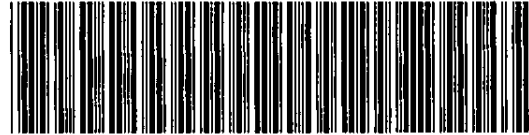
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/12--01015--005 **25.00

02/03/12--01002--003 **60.00

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2012 FEB - 2 AM 9: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 3 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2012

BELINDA MARING
51 IRISH POTATO ROAD
CONCORD, NC 28025

SUBJECT: ANOTHER HAIR SALON L.L.C.
Ref. Number: L07000015117

We have received your document for ANOTHER HAIR SALON L.L.C. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file the resignation is \$85.00 on an active company.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 612A00001684

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Another Hair Salon
Name of Limited Liability Company

DOCUMENT NUMBER: 607000015117

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:

Belinda J. Manring
Name of Person

Another Hair Salon
Name of Firm/Company

51 Frish Potato Rd
Address

Concord NC 28025
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda J. Manring at (904) 502-3076
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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -2 AM 9:00

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Belinda J. Manning, hereby resigns as
Name of Registered Agent

Registered Agent for Another Hair Salon
Name of Limited Liability Company

L07000015117
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.

Belinda J. Manning

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

FILED
2012 FEB - 2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA